Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Middle District of Florida	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name		
Write the name that is on your	Sharon	
government-issued picture identification (for example, your	First name	First name
driver's license or passport).	Middle name	Middle name
Bring your picture identification to	Siegel	
your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
2. All other names you have used		
in the last 8 years	First name	First name
Include your married or maiden	First name	First name
names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of your Social Security number or	xxx-xx- <u>9</u> <u>2</u> <u>5</u> <u>0</u>	xxx - xx
federal Individual Taxpayer	OR	OR
Identification number	9xx - xx	9xx - xx

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Deb	tor 1 Sharon	Siegel	Case number (if known)
	First Name	Middle Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used	☑I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	in the last 8 years Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		2812 Lancaster Court Number Street	Number Street
		Apopka, FL 32703	
		City State ZIP Code	City State ZIP Code
		Seminole County	County
		If your mailing address is different from the one above, fil it in here. Note that the court will send any notices to you at this mailing address.	
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing <i>this</i> district to file for bankruptcy	Check one:	Check one:
	district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)

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Dep	or 1 Snaron			Siegei	Case n	umber (if known)
	First Name	Middle N	ame	Last Name		
	T	5 .				
Par	t 2: Tell the Court About Yo	our Bank	ruptcy Cas	e 		
7.	The chapter of the Bankruptcy Code you are choosing to file under	(Form B2		f description of each, see <i>Notice Requir</i> to the top of page 1 and check the app		342(b) for Individuals Filing for Bankruptcy
			•			
		☐ Cr	napter 13			
8.	How you will pay the fee	abou orde a pre You I req but is that	at how you may be a fif your attorned addressed to pay the fir Filing Fee in the substitute of the sub	r pay. Typically, if you are paying the fee you is submitting your payment on your beess. fee in installments. If you choose this operate in installments (Official Form 103A). fee be waived (You may request this opto, waive your fee, and may do so only if	rourself, you may pehalf, your attorney otion, sign and attation only if you are your income is lesse fee in installmen	rmay pay with a credit card or check with ch the Application for Individuals to Pay filing for Chapter 7. By law, a judge may, s than 150% of the official poverty line ts). If you choose this option, you must fill
		√ No.				
9.	Have you filed for bankruptcy					
	within the last 8 years?	☐Yes.	District	When		Case number
					MM / DD / YYYY	
			District	When		Case number
					MM / DD / YYYY	
			District	When	I	Case number
					MM / DD / YYYY	
		√ No.				
10.	Are any bankruptcy cases					
	pending or being filed by a spouse who is not filing this	Tes.	Debtor			_ Relationship to you
	case with you, or by a business partner, or by an affiliate?		District	When		Case number, if known
	partiler, or by air airiliate:			MN	M / DD / YYYY	
			Debtor			Relationship to you
						Case number, if known
					M / DD / YYYY	
		_				
11.	Do you rent your residence?		Go to line 12			
	, , , , , , , , , , , , , , , , , , , ,	☐ Yes.	Has your lan	ndlord obtained an eviction judgment aga	ainst you?	
			No. Go	to line 12.		
				out Initial Statement About an Eviction Jankruptcy petition.	ludgment Against \	ou (Form 101A) and file it as part

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Debt		Siegel		Case number (if known)	
	First Name	Middle Name Last Name	9		
Par	t 3: Report About Any Busin	nesses You Own as a Sole P	roprietor		
		☑ No. Go to Part 4.			
12.	Are you a sole proprietor of any full- or part-time business?	Yes. Name and location of bus	iness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.	Number Street			
		City	State	ZIP Code	
		Check the appropriate box to	describe your business:		
		☐ Health Care Business (as	defined in 11 U.S.C. § 101(27A))		
		☐ Single Asset Real Estate	(as defined in 11 U.S.C. § 101(51B)))	
		☐ Stockbroker (as defined in	11 U.S.C. § 101(53A))		
		☐ Commodity Broker (as de	fined in 11 U.S.C. § 101(6))		
		☐ None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor?</i> For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).	operations, cash-flow statement, and 11 U.S.C. § 1116(1)(B). 1 No. I am not filing under the Bankruptcy Code.	re a small business debtor, you must and federal income tax return or if any of the chapter 11. Poter 11, but I am NOT a small busines depter 11 and I am a small business de	of these documents do not exist exis	st, follow the procedure in
Par	t 4: Report if You Own or Ha	ave Any Hazardous Propert	y or Any Property That Need	ds Immediate Attention	
	_	☑ No.			
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable	☐ Yes. What is the hazard?			
	hazard to public health or safety? Or do you own any property that needs immediate attention?	If immediate attention is	needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	Where is the property?	Number Street		
			City	State	ZIP Code

Case 6:19-bk-06605-KJ Doc 1 Filed 10/09/19 Page 5 of 69 Debtor 1 Sharon Siegel Case number (if known). First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling 15. Tell the court whether you About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): have received a briefing about credit counseling. The law requires that you You must check one: You must check one: receive a briefing about credit ✓ I received a briefing from an approved credit counseling ☐ I received a briefing from an approved credit counseling counseling before you file for agency within the 180 before I filed this bankruptcy petition, agency within the 180 before I filed this bankruptcy petition, bankruptcy. You must truthfully and I received a certificate of completion. and I received a certificate of completion. check one of the following choices. If you cannot do so, you Attach a copy of the certificate and the payment plan, if Attach a copy of the certificate and the payment plan, if are not eligible to file. any, that you developed with the agency. any, that you developed with the agency. I received a briefing from an approved credit counseling I received a briefing from an approved credit counseling If you file anyway, the court can agency within the 180 days before I filed this bankruptcy agency within the 180 days before I filed this bankruptcy dismiss your case, you will lose petition, but I do not have a certificate of completion. petition, but I do not have a certificate of completion. whatever filing fee you paid, and your creditors can begin Within 14 days after you file this bankruptcy petition, you Within 14 days after you file this bankruptcy petition, you collection activities again. MUST file a copy of the certificate and payment plan, if MUST file a copy of the certificate and payment plan, if anv. l certify that I asked for credit counseling services from an I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the circumstances merit a 30-day temporary waiver of the requirement. requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent before you filed for bankruptcy, and what exigent circumstances required you to file this case. circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you with your reasons for not receiving a briefing before you filed for bankruptcy. filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. receive a briefing within 30 days after you file. You must file a certificate from the approved agency, You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. ☐ I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable deficiency that makes me incapable of realizing or making rational of realizing or making rational decisions about finances. decisions about finances. ☐ Disability. Disability. My physical disability causes me to My physical disability causes me to be unable to participate in a briefing be unable to participate in a briefing in person, by phone, or through the in person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. I am currently on active military duty in Active duty. I am currently on active military duty in

a military combat zone.

about credit counseling, you must file a motion for waiver

If you believe you are not required to receive a briefing

of credit counseling with the court.

a military combat zone.

about credit counseling, you must file a motion for waiver

If you believe you are not required to receive a briefing

of credit counseling with the court.

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Debt	tor 1	Sharon			Si	egel		Cas	e number	(if known)
		First Name	Middle I	Name	L	ast Name				
Par	t 6: Answe	er These Questi	ons for R	eporting I	Purpo	oses				
16.	What kind o	f debts do you	16a.		l prima to line	arily for a perse e 16b.		r debts? Consumer debts are defi , family, or household purpose."	ned in 11 l	J.S.C. § 101(8) as "incurred by
			16b.	•	invest	ment or throu		debts? Business debts are debts are operation of the business or inv	•	curred to obtain money for a
				Yes. G	o to lir	ne 17.				
			16c.	State the type	e of d	ebts you owe	that	are not consumer debts or busines	ss debts.	
17.	Are you filin	g under Chapter 7	?	No. I am r	not filir	ng under Chap	oter 7	7. Go to line 18.		
	exempt prop administrativ that funds w	nate that after any erty is excluded ar /e expenses are pa ill be available for to unsecured						o you estimate that after any exem will be available to distribute to un		
18	How many c	reditors do you	√	1-49	П	1,000-5,000		25,001-50,000 50,0	00-100 000	0 More than 100 000
10.	estimate tha			50-99		5,001-10,000		25,001-50,000 - 50,0	00-100,000	iviore than 100,000
				100-199		10,001-10,000				
				200-999	_	10,001-25,00	50			
				200 333						
19.	How much o	lo you estimate you	ur 🗆	\$0-\$50,000				\$1,000,001-\$10 million		\$500,000,001-\$1 billion
	assets to be	worth?		\$50,001-\$10	00,000)		\$10,000,001-\$50 million		\$1,000,000,001-\$10 billion
				\$100,001-\$9	500,00	00		\$50,000,001-\$100 million		\$10,000,000,001-\$50 billion
				\$500,001-\$	1 millio	on		\$100,000,001-\$500 million		More than \$50 billion
20.		lo you estimate you	ur 🗆	\$0-\$50,000				\$1,000,001-\$10 million		\$500,000,001-\$1 billion
	liabilities to	be?		\$50,001-\$10	00,000)		\$10,000,001-\$50 million		\$1,000,000,001-\$10 billion
			$\mathbf{\Delta}$	\$100,001-\$8	500,00	00		\$50,000,001-\$100 million		\$10,000,000,001-\$50 billion
				\$500,001-\$	1 millio	on		\$100,000,001-\$500 million		More than \$50 billion
Par	t 7: Sign B	elow								
_				a						
FOI	you			' '				Ity of perjury that the information part I may proceed, if eligible, under		11,12, or 13 of title 11, United States
								oter, and I choose to proceed under		
						d not pay or a d by 11 U.S.C		to pay someone who is not an atto 42(b).	rney to he	p me fill out this document, I have
		I requ	est relief in	accordance ·	with th	ne chapter of t	itle 1	1, United States Code, specified i	n this petit	ion.
								perty, or obtaining money or prope up to 20 years, or both. 18 U.S.C.		d in connection with a bankruptcy case 41, 1519, and 3571.
		X	/s/ Sharo		1					
				egel, Debtor on 10/09/201 9						
					D/ \/\	00/				

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Debtor 1	Sharon		Siegel	Case number (if known)
	First Name	Middle Name	Last Name	
represented If you are no	orney, if you are by one t represented by an u do not need to file this	under Chapter 7, 11, which the person is	12, or 13 of title 11, United eligible. I also certify that I h 707(b)(4)(D) applies, certify	ition, declare that I have informed the debtor(s) about eligibility to proceed States Code, and have explained the relief available under each chapter for ave delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, that I have no knowledge after an inquiry that the information in the schedules
		X /s/ Lewis Rob	orts	
		Lewis Roberts,		Date 10/09/2019 MM / DD / YYYY
		Firm name 631 Palm Spri	s Attorneys at Law	
		Altamonte Sp	a	FL 32701-7854
		City	•	State ZIP Code
		Contact phone	(407) 749-0080	Email address lewis@Irlawoffice.com
		0098190		
		Bar number		State

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Fill in this information	to identify your case a	and this filing:		
Debtor 1	Sharon		Siegel	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	uptcy Court for the:	1	Middle District of Florida	
Case number				ч

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1. Do		g, Land, or Other Real Estate You Own or H		
1.1	O7212952000001660 Street address, if available, or other description 2812 Lancaster Court Apopka, FL 32703 City State ZIP Code Orange County	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	amount of any secured cla Creditors Who Have Clair Current value of the entire property? \$178,687.00 Describe the nature of you as fee simple, tenancy by te estate), if known. Homestead Check if this is commit	Current value of the portion you own? \$178,687.00 ur ownership interest (such the entireties, or a life
		At least one of the debtors and another Source of Value: Zillow Il of your entries from Part 1, including any entries foere	r pages →	\$178,687.00

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Deb	tor 1	Sharon		Siegel	Case number (if known)	
		First Name	Middle Name	Last Name		
Par	rt 2:	Describe Your Ve	hicles			
					gistered or not? Include any vehicles	
you	own	that someone else drives	s. If you lease a vehicle,	also report it on <i>Schedule G: Execut</i> i	ory Contracts and Unexpired Leases.	
3.	Cars	s, vans, trucks, tractors,	sport utility vehicles, r	notorcycles		
	☑ Y					
		Make:	Honda	Who has an interest in the propert	tv? Check one.	since as assessmentions. Dut the
				✓ Debtor 1 only	amount of any secured cla	
		Model:		Debtor 2 only Debtor 1 and Debtor 2 only	Creditors Who Have Clai	ims Secured by Property.
		Year:		At least one of the debtors and ar	Current value of the entire property?	Current value of the portion you own?
		Approximate mileage:		7	\$12,000.00	\$12,000.00
		Other information:		Check if this is community prop instructions)	erty (see	
		VIN: 5J6RM3H53DL04	4103			
4.				er recreational vehicles, other vehic		
	Exa		otors, personal watercra	aft, fishing vessels, snowmobiles, mo	otorcycle accessories	
		Yes				
5.	Add	d the dollar value of the	portion you own for al	I of your entries from Part 2, includ	ding any entries for pages	
				ere		\$12,000.00
Par	rt 3:	Describe Your Pe	rsonal and Househ	nold Items		
Do	you	own or have any legal	or equitable interest in	any of the following items?		Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
6.	Hou	sehold goods and furn	ishings			
	Exar.	mples: Major appliance	es, furniture, linens, china	a, kitchenware		
	4 /	No Yes. Describe	_		eau, 1 chest, 1 breakfast table, 1 ottoman, 2 end	\$400.00
		ico. Describe	tables, 2 desks, dishes	s, pots/pans, dishware, books		
7.	Elec	tronics				
	Exan			ereo, and digital equipment; compute , cameras, media players, games	ers, printers, scanners; music collections;	
	۱	No]
	√ Y	es. Describe	3 tvs, 2 computers			\$150.00
8.	Colle	ectibles of value				
		mples: Antiques and fig		, or other artwork; books, pictures, c s; other collections, memorabilia, co	· ·	
	√ 1 №	•	Dasobali cara collections	o, other concentries, memorabilia, co	IIIOOIII/IOO	1
	=	es. Describe				

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Deb	otor 1	Sharon	Siegel	Case number (if known)	
		First Name	Middle Name Last Name		
9.	Equipment	t for sports and hol	obies		
		Sports, photograph carpentry tools; mu	nic, exercise, and other hobby equipment; bicycles, pool tables, gousical instruments	olf clubs, skis; canoes and kayaks;	
	✓ No ☐ Yes. De	escribe		-	
10.	Firearms				
10.	Examples:	Pistols, rifles, sho	otguns, ammunition, and related equipment		
	☑ No ☐ Yes. D	escribe		-	
11.					
	Examples:		, furs, leather coats, designer wear, shoes, accessories		
	√ Yes. D	Describe	Clothing		\$50.00
12.	Jewelry Examples:	Evon doviowolny	costume jewelry, engagement rings, wedding rings, heirloom jev	wolny watches game gold cilius	
	•		Costume Jewelry	weiry, watches, gerns, gold, silver	
	Yes. D	describe			\$50.00
13.	Non-farm	animals			
	Examples: ✓ No	Dogs, cats, birds	, horses		
		escribe		-	
14.	Any other	personal and hous	sehold items you did not already list, including any health aids	s you did not list	
	√ No ☐ Yes. D	escribe		_	
15.			your entries from Part 3, including any entries for pages you l		\$650.00
Ра	rt 4: Des	cribe Your Finar	ncial Assets		
Do	o you own o	r have any legal or o	equitable interest in any of the following?	pc Do	urrent value of the ortion you own? o not deduct secured aims or exemptions.
16.		Monovy ou horo:	in your wallet in your home in a cafe deposit boy and as head wh	on you file your petition	
	Examples:		in your wallet, in your home, in a safe deposit box, and on hand wh		
	☐ Yes			Cash –	

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Siegel

Debtor 1

Sharon

or 1	Sharon		Siegel	Case number (if kn
	First Name	Middle Name	Last Name	,
	of money Checking, savings	or other financial accounts:	ertificates of deposit; shares in credit un	ione brokerage bouses and
Lxamples			with the same institution, list each.	ions, brokerage nouses, and
No No				
Yes				
		Institution name:		
17.1. Che	cking account:	Charles Schwab Bank.	980	\$1,447.26
17.2. Che	cking account:	Addition Financial, 004	6	\$415.44
17.3. Sav	ings account:	Addition Financial, 000	0	\$723.82
	gc account	<u></u>		<u> </u>
17.4. Sav	ings account:	Addition Finance, 0007		\$1,206.98
17.5. Ceri	tificates of deposit:			
		-		
17.6. Oth	er financial account:			
17.7. Oth	er financial account:			
17.8. Oth	er financial account:			
17.9 Oth	er financial account:			
	nutual funds, or publ	icly traded stocks ment accounts with brokerage f	irms money market accounts	
✓ No	. Bona ranas, invest	mont docounte with brokerage i	imo, morey mariet accounts	
Yes				
nstitution	or issuer name:			
	partnership, and join		d unincorporated businesses, includ	ing an interest in
√ No				
	Give specific			
inform				

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Debt	or 1	Sharon	Siegel	Case number (if known)
		First Name	Middle Name Last Name	
20.	Government	and corpora	ate bonds and other negotiable and non-negotiable instruments	
	Negotiable ins	struments inc	clude personal checks, cashiers' checks, promissory notes, and money ord to are those you cannot transfer to someone by signing or delivering them.	
	✓ No	o modamone		
	Yes. Give	enecific		
	information			
	them			
	Issuer name:			
				· ———
21.	Retirement or	r pension a	ccounts	
		_	RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pensi	on or profit-sharing plans
	☐ No			
	Yes. List e	ach account		
	separately			
	Type of accoun	nt:	Institution name:	
	404/1-)	las alas.	Family Vert	\$20.054.40
	401(k) or simil	iar pian:	<u>Equi-Vest</u>	\$28,651.18
22.	Security depo	sits and pre	epayments	
	Your share of a	all unused de	eposits you have made so that you may continue service or use from a com	pany
	Examples: Agrothers	reements wit	th landlords, prepaid rent, public utilities (electric, gas, water), telecommu	nications companies, or
	√ No			
	☐ Yes			
		Instit	ution name or individual:	
	=1			
	Electric:			
	Gas:			
	Heating oil:			·
	Security depos	sit on rental (unit:	
	Prepaid rent:			
	Telephone:			
	rolopriorio.			
	Water:			
	vvaler.			·
	Rented furnitu	ire:		·
	Other:			· -
23.	Annuities (A	contract for a	a periodic payment of money to you, either for life or for a number of years)	
	√ No			
	Yes			

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Debt	or 1	Sharon		Siegel	Case number (if known)	
		First Name	Middle Name	Last Name		
	Issuer name a	and description:				
24.		n education IRA, ii 530(b)(1), 529A(b),		ified ABLE program, or und	er a qualified state tuition program.	
	✓ No ☐ Yes					
	Institution nan	ne and description.	Separately file the recor	ds of any interests. 11 U.S.C.	§ 521(c):	
25.	Trusts, equita	able or future inter	ests in property (other	than anything listed in line	1), and rights or powers exercisable for your	
	✓ No ☐ Yes. Give informatio	specific n about them				
26.		•		her intellectual property		
	Examples: I No Yes. Give		nes, websites, proceeds	from royalties and licensing a	agreements	
07	informatio	n about them				
27.	Examples: E			rative association holdings, li	quor licenses,	
	✓ No ☐ Yes. Give informatio	specific n about them				
		'				
Mone	ey or property	owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds o	owed to you				
	√ No	-				
	☐ Yes. Give	e specific information n, including whether	n about		Federal:	
	alrea	ady filed the returns			State:	
	taxy	/ears			Local:	
29.	Family suppo	ort				
			m alimony, spousal supp	port, child support, maintenand	ce, divorce settlement, property settlement	

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Debt	or 1	Sharon	Siegel	Case number (if known)	
		First Name	Middle Name Last Name		
	☑ No				
	☐ Yes. Giv	e specific information		Alimony:	
				Maintenance:	
				Support:	
				Divorce settlement:	
				Property settlement:	
30.	Other amou	nts someone owes you	ı		
			y insurance payments, disability benefits, sick pay, vacation pay, workers' of loans you made to someone else	ompensation, Social	
	√ No				
	Yes. Giv	e specific information			
31.	Interests in i	nsurance policies			
	Examples:	Health, disability, or life	insurance; health savings account (HSA); credit, homeowner's, or renter's	s insurance	
	☐ No ☑ Yes. Nai	me the insurance compa	iny		
	of e	ach policy and list its va	llue	ary: S	urrender or refund value:
			Minnesota Life Insurance Company, term life policy		unknown
32.	Any interest	in property that is due	you from someone who has died		
<u></u>	If you are the		ust, expect proceeds from a life insurance policy, or are currently entitled t	o receive property	
	✓ No ☐ Yes Giv	e specific information			
	— 100. 010	e specino information			
33.	_		er or not you have filed a lawsuit or made a demand for payment		
	Examples: No	Accidents, employment	disputes, insurance claims, or rights to sue		
		scribe each claim			
34.	Other contir to set off cla		I claims of every nature, including counterclaims of the debtor and ri	ghts	
	☑ No				
	Yes. Des	scribe each claim			

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Debt	or 1	Sharon		Siegel	Case number (if known) _	
		First Name	Middle Name	Last Name		
35.	Any financial	assets you did	d not already list			
	√ No					
	Yes. Give	e specific inform	nation			
200	A -l -l 4bl - l l -		f Don't	in altralia a contrata a fan		
36.			of your entries from Part 4, her here		oages you have attached →	\$38,187.29
Par	t 5: Descri	he Any Rus	iness-Related Proper	ty You Own or Have	an Interest In. List any real estate in Pa	rt 1
						11.
37.	No. Go to		gal or equitable interest in a	any business-related prop	erty?	
	Yes. Go to					
						Current value of the portion you own?
						Do not deduct secured claims or exemptions.
00						
38.		eivable or com	nmissions you already earr	led		
	✓ No ☐ Yes. Desc	ovila a				
	Tes. Desc	JIDE				
39.	Office equipr	mant furnishir	ngs, and supplies			
00.				dems, printers, copiers, fax	machines, rugs, telephones, desks, chairs, electronic	devices
	√ No					
	Yes. Desc	cribe				
40.	Machinery, fix	ktures, equipm	nent, supplies you use in b	usiness, and tools of you	rtrade	
	√ No					
	Yes. Desc	cribe				
41.	Inventory					
	√ No					
	Yes. Desc	cribe				
42.	Interests in p	artnerships o	r joint ventures			
	√ No					
	Yes. Desc	cribe				
	Name of entity	/ :		% c	f ownership:	
					%	

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Debt	or 1	Sharon First Name	Middle Name	Siegel Last Name	Case number (if known)	
		i iist Name	Wildule Name	Last Name		
43.	✓ No ☐ Yes. Do y	your lists include pe No Yes. Describe		formation (as defined in 11	U.S.C. § 101(41A))?	
44.	Any busines	s-related property yo	ou did not already list			
	✓ No ☐ Yes. Give information					
45.				ncluding any entries for pa	ages you have attached→	\$0.00
Par			nd Commercial Fish		You Own or Have an Interest In.	
46.			r equitable interest in a	ny farm- or commercial fis	shing-related property?	
	✓ No. Go to ☐ Yes. Go to					
	_ 1001 00 to					Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animal	s				
		Livestock, poultry, far	m-raised fish			
	✓ No ☐ Yes					
48.	-	ner growing or harv	ested			
	✓ No ☐ Yes. Give information	e specific				
49.		shing equipment, im	plements, machinery,	fixtures, and tools of trade	е	
	✓ No ☐ Yes					
50.	Farm and fis	shing supplies, chen	nicals, and feed			
	✓ No	5 France,	,			
	_					

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Debt	tor 1	Sharon	Si	egel	Case number (if known)	
		First Name	Middle Name La	ast Name		
51.	Any farm- an	d commercial	fishing-related property you did n	ot already list		
	✓ No					7
	Yes. Give information	•				
52.	Add the dolla	ar value of all o	of your entries from Part 6, includi	ng any entries for pages you	have attached	
			per here			\$0.00
Par	t 7: Descri	ibe All Prop	erty You Own or Have an I	nterest in That You Did	Not List Above	
F2	Do you have	other prepart	y of any kind you did not already li	int?		
53.			country club membership	ist:		
	√ No	,				1
	Yes. Give					
	mormanc	л				
54.	Add the dolla	ar value of all	of your entries from Part 7. Write	that number here		\$0.00
Par	t 8: List th	ne Totals of	Each Part of this Form			
55.	Part 1: Total	real estate, line	e 2		→	\$178,687.00
56.	Part 2: Total	vehicles, line 5	5	\$12,000.00		
57.	Part 3: Total	nersonal and	household items, line 15	\$650.00		
57.	r art 3. Total	personal and	nouseriola items, line 13			
58.	Part 4: Total	financial asset	s, line 36	\$38,187.29		
F0	Dowt Fr Total	husinasa ralai	ted preparty line 45	¢0.00		
59.	Part 5: Total	business-reia	ted property, line 45	\$0.00		
60.	Part 6: Total	farm- and fish	ning-related property, line 52	\$0.00		
61.	Part 7: Total	other property	not listed, line 54	+ \$0.00		
60	Tatal navaan	al proporty As	dd linna FC through C1	¢50,927,20	Convenerational prepartitated >	¢50,927,20
62.	rotal person	атргорепу. Аб	dd lines 56 through 61	\$50,837.29	Copy personal property total → +_	\$50,837.29
						1
63.	Total of all pr	roperty on Sch	nedule A/B. Add line 55 + line 62			\$229,524.29

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Debtor 1	Sharon		Siegel	Case number (if known)
	First Name	Middle Name	Last Name	,

SCHEDULE A/B: PROPERTY

Continuation Page

17. Deposits of money		
Checking account:	Addition 0010 - Social Security Only	\$3,928.23
Savings account:	My Savings Direct, 9010	\$1,814.38

Official Form 106A/B

Schedule A/B: Property

fill in this information t	to identify your case:							
Debtor 1	Sharon		Siegel		_			
Dahtan O	First Name	Middle Nam	e Last Name					
ebtor 2 Spouse, if filing)	First Name	Middle Nam	e Last Name		_			
nited States Bankru	ptcy Court for the:		Middle District of F	Florida	_			
case number f known)							Check if this is an amended filing	
fficial Form	106C							
chedule (C: The Pro	perty \	ou Claim a	ıs Exemi	ot			04/19
nipi. Anternativety, j		ıll fair markot v	alua of the property boi	na ovomptod up t	a the amount of any a			
which set of execution of eed that amount, you are claim. You are claim.	those for health aid 100% of fair marker our exemption wou the Property You emptions are you claing state and federal ning federal exemption	ds, rights to rect value under a ld be limited to u Claim as Examining? Check nonbankruptcy ens. 11 U.S.C. §	eive certain benefits, a law that limits the exenthe applicable statutory xempt one only, even if your specementions. 11 U.S.C. § 2522(b)(2)	and tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3)	ılar dollar amount and	be unlimited	in dollar amount. H	
im an exemption of teed that amount, y art 1: Identify the Which set of exemption of the Which set of exemption are claim. For any property rief description of the exemption o	those for health aid 100% of fair marker our exemption wou the Property You emptions are you claing state and federal ning federal exemption you list on Schedule the property and line the property a	ds, rights to rect value under a ld be limited to under a ld be limited to under a ld claim as Example 2 Check nonbankruptcy ens. 11 U.S.C. § 1 le A/B that you	eive certain benefits, a law that limits the exenthe applicable statutory empt one only, even if your spexemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the current value of the	nnd tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3)	tirement funds—may ilar dollar amount and	be unlimited the value of t	in dollar amount. H	rmined to
man exemption of eed that amount, y art 1: Identify the Which set of exemption of the Which set of exemption are claim. For any property rief description of the eed that amount, yet are claim.	those for health aid 100% of fair marker our exemption wou the Property You emptions are you claing state and federal ning federal exemption you list on Schedule the property and line the property a	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory empt one only, even if your spexemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the	nnd tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3) the information be Amount of the e	tirement funds—may ilar dollar amount and	be unlimited the value of t	in dollar amount. H	rmined to
which set of exemption of the description of the description: The angle of the description of the description: The angle of the description of the description:	those for health aid 100% of fair marker our exemption wou the Property You emptions are you claing state and federal ning federal exemption you list on Schedule the property and line the property a	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory empt one only, even if your spexemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the cortion you own copy the value from schedule A/B	ouse is filing with y 522(b)(3) the information be Amount of the e	tirement funds—may ilar dollar amount and vou.	Specific	in dollar amount. He property is dete	rmined to
man exemption of eed that amount, y art 1: Identify the which set of exemption of exemption of the which set of exemption of the description of the chedule A/B that his identified the secription: 7212952000001660	those for health aid 100% of fair marker our exemption would the Property You emptions are you claing state and federal ning federal exemption you list on Schedule the property and line its this property	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory exempt one only, even if your spectory exemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the cortion you own Copy the value from	nond tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3) the information be check only one by 100% of fair	tirement funds—may ilar dollar amount and	Specific	in dollar amount. H	rmined to
which set of exe Which set of exe You are claim You are claim For any property rief description of the chedule A/B that liss ief description: 7212952000001660 812 Lancaster Court.	those for health aid 100% of fair marker our exemption would the Property You emptions are you claing state and federal ning federal exemption you list on Schedule the property and line its this property	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory empt one only, even if your spexemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the cortion you own copy the value from schedule A/B	nond tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3) the information be check only one by 100% of fair	elow. exemption you claim foox for each exemption. \$24,313.00 market value, up to	Specific	in dollar amount. He the property is detended to the prope	rmined to
man exemption of eed that amount, your 1: Identify to which set of exemption of each of the whole A/B that listed the exemption of the exempti	those for health aid 100% of fair marker our exemption wou the Property You emptions are you claim state and federal ming federal exemption you list on Schedule he property and line its this property	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory exempt one only, even if your species exemptions. 11 U.S.C. § 1522(b)(2) claim as exempt, fill in the cortion you own copy the value from Schedule A/B \$178,687.00	and tax-exempt reinption to a particular amount. Souse is filing with your state of the information because the information b	elow. exemption you claim foox for each exemption. \$24,313.00 market value, up to ole statutory limit	Specific Fla. Con Ann. §§ 2	in dollar amount. He the property is determined to the property is	rmined to
im an exemption of ceed that amount, y art 1: Identify the which set of execution of the work of the w	those for health aid 100% of fair marker our exemption would the Property You emptions are you claim state and federal ming federal exemption you list on Schedul he property and line its this property Apopka, FL 32703	ds, rights to receivalue under a lid be limited to under a lid be lid be lid by	eive certain benefits, a law that limits the exenthe applicable statutory empt one only, even if your spexemptions. 11 U.S.C. § 522(b)(2) claim as exempt, fill in the cortion you own copy the value from schedule A/B	and tax-exempt reinption to a particular amount. Souse is filing with y 522(b)(3) the information be a check only one by 100% of fair any applicable 100% of fair	elow. exemption you claim foox for each exemption. \$24,313.00 market value, up to	Specific Fla. Con Ann. §§ 2	in dollar amount. He the property is detended to the prope	rmined to

☐ No☐ Yes

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debiori	Snaron		Siegei	Case numi	Del (It known)
	First Name	Middle Name	Last Name		
Part 2: Additi	onal Page				
	of the property and at lists this property	line on	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:				-4	
Addition Financia	I. 0046		\$415.44	√ \$415.44	Fla. Const. art. X, § 4(a)(2)
Checking account	•		· · · · · · · · · · · · · · · · · · ·	100% of fair market value, up to	
				any applicable statutory limit	-
Line from Schedule A/B:	17				
Scriedule AVB.	17				
Brief description:				-4	
Addition 0010 - S	ocial Security Only		\$3,928.23	\$3,928.23	42 U.S.C. § 407
Checking account				100% of fair market value, up to	
				any applicable statutory limit	
Line from Schedule A/B:	17				
Scriedule A/B.					
Brief description:				\$28,651,18	5 . 6 1 . 6 . 6 . 1 (6)
Equi-Vest			\$28,651.18	\$28,651.18	Fla. Stat. Ann. § 222.21(2)
			· · ·	100% of fair market value, up to	
Line from	04			any applicable statutory limit	
Schedule A/B:	21				

Fill in this information	to identify your case:							
Debtor 1	Sharon		Siegel					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankro	uptcy Court for the:		Middle District of Florid	a				
Case number (if known)	-					Check if to amended		
Official Form	n 106D							
Schedule	D: Credito	rs Who H	ave Claims	Secured	l by Prope	erty		12/15
	oox and submit this form the information below.	m to the court with yo	our other schedules. You	have nothing else to	o report on this form.			
each claim. If mo		as a particular claim,	cured claim, list the creditors, list the other creditors in the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 Mr. Cooper		Describe th	ne property that secures	the claim:	\$154,374.00	\$178,687.00		\$0.00
Creditor's Name	latara Dhud		000001660					
8950 Cypress W Number St	reet	2812 Lanc	aster Court Apopka, FL 32	2703				
Coppell, TX 750	19	As of the da	ate you file, the claim is: C	heck all that apply.				
City	State ZIP Cod	de Continge	ent					
Who owes the o	debt? Check one.	☐ Unliquid	lated					
Debtor 2 only		☐ Disputed	b					
Debtor 1 and	Debtor 2 only		ien. Check all that apply.					
	f the debtors and anoth		ement you made (such a l car loan)	s mortgage or				
_	claim relates to a		y lien (such as tax lien, m	nechanic's lien)				
community d			ent lien from a lawsuit	3				

Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

Last 4 digits of account number 8 0 3 3

Date debt was incurred

6/1/2012

\$154,374.00

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Debtor 1	Sharon		Siegel	Case numbe	r (if known)	
	First Name	Middle Name	Last Name			
Part 1:	Additional Page After listing any en 2.3, followed by 2.4	1 0	number them beginning with	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2		Describe the	ne property that secures the claim:			
Creditor's	s Name					
Debt Debt At lea		P Code Conting Unliquid Dispute Nature of I An agre secured secured Statutor Judgme	dated	·		
Add the	e dollar value of your ent	tries in Column A on thi	s page. Write that number here:	\$	0.00	
If this is	s the last page of your fo	orm, add the dollar value	e totals from all pages. Write that nun			

	Case	o:19-DK-U660	J5-KJ D0C1 Filed 10/0	9/19 Page 23	3 01 69		
Fill in this information	to identify your case:						
Debtor 1	Sharon First Name	Middle Name	Siegel Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankr Case number (if known)			Middle District of Florida			Check if this amended fil	
Official Forn Schedule		tors Who	Have Unsecured C	Claims			12/15
Part 1: List All 1. Do any creditors 1. No. Go to Part 1. Yes. 2. List all of your pridentify what type possible, list the Part 1. If more the	e to this page. On the of Your PRIORITY is have priority unsecured claim at 2. Priority unsecured claim it is. If a claim claims in alphabetical man one creditor holds	e top of any addition Unsecured Clured claims agains ims. If a creditor han has both priority a order according to the a particular claim, I		list the creditor separate and show both priority a	ely for each and nonprior	claim. For earity amounts.	ach claim listed, . As much as
(i oi aii oxpianat	ion of each type of old	in, see the monder		Tot cla		iority nount	Nonpriority amount
Priority Credito	r's Name		Last 4 digits of account number When was the debt incurred?				
Number	Street		As of the date you file, the claim is: C apply. Contingent	heck all that			
Debtor 1 c Debtor 2 c Debtor 1 a Debtor 1 a Debtor 1 a		e. nother	☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you of government ☐ Claims for death or person injury we intovicated				

Other. Specify

Claims for death or person injury while you were intoxicated

Is the claim subject to offset?
☐ No
☐ Yes

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Monopriority Creditors Name 1235 Old Alpharetta Rd Nonpriority Creditors Name Creditor State Contingent	or 1	Sharon			number (if known)
Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Vestal of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in out the control of the cont		First Name	Middle Name	Last Name	
No. You have nothing to report in this part. Submit this form to the court with your other schedules.	2: List	All of Your NON	IPRIORITY Unsecui	ed Claims	
No. You have nothing to report in this part. Submit this form to the court with your other schedules. **Yes.** Ist all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority insecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority insecured claim, list the creditor spenaroly for each claim. If or each claim listed, identify what type of claim is to. Do not list claims already included in Part and Part and Continuation Page 1 and 2	On any cree	ditors have nonnrio	rity unsecured claims a	ainst vou?	
Vis. Least of your compriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one prepriority preserved claim, list the orderior separately for each claim. For each claim listed claimly what type of claim its. Do not list claims already included in Part 1. If has one preditor holds a particular claim, list the orderior share and one creditor holds a particular claim. Set the other creditors in Part 3. If you have more than three nonpriority unsecured claims (ii) out the Continuation Page Part 2. American Honda Finance	_	-	-	-	
State of your neonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one neonpriority resecured claim. In this develor respectable (he may have por claim at its.) Done list claims activated of Part 1, if has one creditor holds a particular daim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page Part 2. American Honda Finance		a navo nou iii ig to rop	ore in a no para Gabrine a n	Torrito and doard war your outlot do roudines.	
Total claim subject to offset? State Capital Continuence C		our nonnriority uns	ecured claims in the aln	sabetical order of the creditor who holds each claim. If a c	reditor has more than one poppriority
American Honda Finance Nospriority Creditor's Name 1235 Old Alpharetta Rd Number Street Michael Honda Finance Nospriority Creditor's Name 1235 Old Alpharetta Rd Number Street Michael Honda Finance Nospriority Creditor's Name 1 Debtor 1 and Debtor 2 only 1 Debtor 1 and Debtor 2 only 1 Debtor 1 and Debtor 3 only 1 Debtor 1 only 1 Debtor 2 only 1 Debtor 1 and Debtor 3 only 2 Nonprofity Creditor's Name 1 Debtor 1 and Debtor 3 only 2 Nonprofity Creditor's Name 2 Debtor 1 and Debtor 3 only 3 Nonprofity Creditor's Name 4 Nonprofity Creditor's Name 5 Nonprofity Creditor's Name 5 Nonprofity Creditor's Name 6 Nonprofity Creditor's Name 7 Debtor 2 only 1 Debtor 2 only 2 Debtor 1 and Debtor 3 only 3 State 2 IP Code 4 Nonprofity Creditor's Name 7 Debtor 3 only State 2 IP Code 8 Nonprofity Creditor's Name 9 Debtor 1 and Debtor 3 only 3 State 1 State 3 State					
Nonpriority Creditors Name Last 4 digits of account number 7505 \$0		editor holds a particu	lar claim, list the other cre	ditors in Part 3. If you have more than three nonpriority unse	cured claims fill out the Continuation Page of
American Honda Finance Nonpriority Creditor's Name 1235 Old Alpharetta Rd Number Street Alpharetta, GA 30005 City State ZilP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1	all Z.				Total claim
Monprotiny Creditor's Name 1235 Old Alpharetta Rd Number Sireet Alpharetta, GA 30005 City American Honda Finance Nonprotiny Creditor's Name Alpharetta, GA 30005 Alpharetta, GA 30005 City Alpharetta, GA 30005 City State Alpharetta, GA 30005 City Size Alpharetta, GA 4 digits of account number 8751 Size Alpharetta, GA 4 digits of account number 8751 Size Alpharetta, GA 30005 City Contingent					\$0.00
Authorities				Last 4 digits of account number 7505	
Number Street Contingent				When was the debt incurred? 07/01/2013	3
Alpharetta, GA 30005 Circumsert Contingent Uniquidated Circumsert Uniquidated Disputed Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? All least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? All least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? All least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Solution Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim is for a community debt is the claim subject to offset? Contingent Check if this claim					Il that apply.
Disputed					
Who incurred the debtor 2 only □ Action 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 only □ Debtor 3 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 3 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 6 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 1 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 8 only □ Debtor 1 only □ Debtor 9 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 8 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debtor		,	State ZIP Code		
Debtor 2 only	Who inc	urred the debt? Ch	eck one.	= 1	
□ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Atleast one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No American Honda Finance Nonpriority Creditor's Name 1235 Did Alpharetta Rd Number Street ☑ Debtor 1 only □ Debtor 2 only □ Po Box 297879 Anex Nonpriority Creditor's Name □ Debtor 2 only □ Debtor 2 only □ Yes Amex Nonpriority Creditor's Name □ Debtor 2 only □ Debtor 2 only □ Ves Amex Nonpriority Creditor's Name □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Ves □ V	✓ Debte	or 1 only			
At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? Contingent Check if this claim is for a community debt State claim subject to offset? State claim subject subject claim subject subject claim subject subject claim subject subject subject claim subject subj		•			
□ Check if this claim is for a community debt Is the claim subject to offset? ✓ No American Honda Finance	☐ Debt	or 1 and Debtor 2 on	ly	☐ Obligations arising out of a separation ag	greement or
Similar debts State claim subject to offset? Signary No Yes	☐ At lea	ast one of the debtors	and another	_	
Is the claim subject to offset? Solid Alpharetta R Solid R	☐ Chec	ck if this claim is for	a community debt	, , ,	and other
Altomobile Yes	Is the cla	im subject to offset	t?	_	
American Honda Finance Nonpriority Creditor's Name When was the debt incurred? 08/01/2010 As of the date you file, the claim is: Check all that apply. When was the debt incurred? 08/01/2010 As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts or 2 only Number Street For Lauderdale, FL 33329 City State ZIP Code Who incurred the debt? Check one. Last 4 digits of account number 0913 Student loans When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Lease Last 4 digits of account number 0913 \$0.00 When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts or 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard	√ No	-			
Monpriority Creditor's Name 1235 Old Alpharetta Rd As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	☐ Yes				
Nonpriority Creditor's Name When was the debt incurred? 08/01/2010	America	n Honda Finance		Last 4 digits of account number 8751	\$0.00
As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Contingent Unliquidated Disputed Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name PO Box 297879 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Debtor 1 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Lease Contingent Debts to pension or profit-sharing plans, and other similar debts Other. Specify Lease Contingent Unliquidated Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debts to pension or profit-sharing plans, and other similar debts Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 file debtors and another Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Other. Specify Other. Sp					
Contingent Con	1235 Old	d Alpharetta Rd			
Apharetta, GA 30005 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 0913 When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Lease Last 4 digits of account number 0913 So When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard					іі інаі арріу.
Disputed		tta, GA 30005			
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At least one of the debtors and another	_	•			aroomont or
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Other. Specify Lease □ Othor. Specify □ Othor. Specify □ Othor. Specify □ Othor. Specify □ Other. Specif			,		
Similar debts Is the claim subject to offset? ✓ No Yes Last 4 digits of account number				, , ,	
Lease Leas			•	similar debts	
Amex Last 4 digits of account number 0913 \$0.		im subject to offset	t?	,	
Amex Nonpriority Creditor's Name PO Box 297879 When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 0913 When was the debt incurred? 01/01/1996 As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard				Lease	
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Number Street Fort Lauderdale, FL 33329 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard		-		When was the debt incurred? 01/01/1996	<u> </u>
Number Street Fort Lauderdale, FL 33329 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard	PO Box	297879		As of the date you file, the claim is: Check al	Il that apply.
Fort Lauderdale, FL 33329 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard				Contingent	
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No				Unliquidated	
Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard		iderdale, FL 33329	State ZIP Code	——— Disputed	
 ✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another ✓ Check if this claim is for a community debt Is the claim subject to offset? ✓ No Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard 	•	urrad the debt? Ch		Type of NONPRIORITY unsecured claim:	
 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify CreditCard 	_		oun ui ic.		
divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard CreditCard	_			Obligations arising out of a separation ag	greement or
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	_	•	lv	divorce that you did not report as priority of	claims
☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ Other. Specify CreditCard	_		•		and other
Is the claim subject to offset? ☐ No	_			-	
✓ No			-		
		um subject to offset	Lf		
	Yes				

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Debto			Siegel Case number (if known)	
	First Name	Middle Name	Last Name	
Part	2: Your NONPRIOR	ITY Unsecured Claims	- Continuation Page	
Afte	r listing any entries on thi	s page, number them begini	ning with 4.5, followed by 4.6, and so forth.	Total claim
4.4	Bank of America		Last 4 digits of account number 3823	\$0.00
	Nonpriority Creditor's Name	e	When was the debt incurred? 07/01/1994	
	PO Box 982238			
			As of the date you file, the claim is: Check all that apply.	
	Number Street		Contingent	
	El Paso, TX 79998		Unliquidated	
	City	State ZIP Code	Disputed	
	Who incurred the debt	? Check one.	Type of NONPRIORITY unsecured claim:	
	✓ Debtor 1 only		Student loans	
	Debtor 2 onlyDebtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or	
			divorce that you did not report as priority claims	
	At least one of the de	btors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community de		s for a community debt	Other. Specify	
	Is the claim subject to o	offset?	CreditCard	
	√ No			
	☐ Yes			
4.5	Bank of America		Last 4 digits of account number 1539	\$0.00
	Nonpriority Creditor's Name	e		
	PO Box 982238		When was the debt incurred? 10/01/2017	
			As of the date you file, the claim is: Check all that apply.	
	Number Street		Contingent	
	El Paso, TX 79998		Unliquidated	
	City	State ZIP Code	Disputed	
	Who incurred the debt	? Check one.	Type of NONPRIORITY unsecured claim:	
	✓ Debtor 1 only		☐ Student loans	
	Debtor 2 only		Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor	2 only	divorce that you did not report as priority claims	
	At least one of the de	btors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Check if this claim is	s for a community debt	☑ Other, Specify	
	Is the claim subject to o	offset?	CreditCard	
	☑ No			
	☐ Yes			
4.6	Bank of America		Last 4 digits of account number 1592	\$0.00
	Nonpriority Creditor's Name	е	When was the debt incurred? 10/01/1991	
	PO Box 982238		As of the date you file, the claim is: Check all that apply.	
			Contingent	
	Number Street		☐ Unliquidated	
	El Paso, TX 79998	710.0	Disputed	
	City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who incurred the debt	r Uneck one.	Student loans	
	Debtor 1 only		Obligations arising out of a separation agreement or	
	Debtor 2 only		divorce that you did not report as priority claims	
	☐ Debtor 1 and Debtor	•	Debts to pension or profit-sharing plans, and other	
	At least one of the de		similar debts	
	☐ Check if this claim is	•	Other. Specify	
	Is the claim subject to o	offset?	CreditCard	
	☑ No			
	☐ Yes			

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Debt	or 1	Sharon		Siegel		Case number (if known)		
		First Name	Middle Name	Last Nar	me	, ,		
Par	t 2: You	r NONPRIORITY	Unsecured Claims	- Continua	tion Page			
Afte	er listing ar	ny entries on this pa	age, number them begin	ning with 4.5,	followed by 4.6, and so forth.		Total claim	
4.7	Rank of	America			Last 4 digits of account numb	per 2660		\$0.00
		ty Creditor's Name			When was the debt incurred?			
	PO Box	982238						
				<u>.</u>	As of the date you file, the clair	iii is. Crieck all that apply.		
	Number	Street			☐ Contingent☐ Unliquidated			
	El Paso	, TX 79998						
	City		State ZIP Code		☐ Disputed			
		curred the debt? Ch	eck one.		Type of NONPRIORITY unsecu	ured claim:		
	_	tor 1 only			Student loans			
	_	tor 2 only			Obligations arising out of a divorce that you did not repe	separation agreement or ort as priority claims		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Debts to pension or profit-s	• •			
				similar debts	riaring plane, and other			
	☐ Che	ck if this claim is fo	a community debt		✓ Other. Specify			
	_	aim subject to offse	t?		CreditCard			
	☑ No							
	☐ Yes							
4.8	Bank of	America			Last 4 digits of account numb	per 0285		\$0.00
	Nonpriorit	ty Creditor's Name			When was the debt incurred?			
	PO Box	982238			As of the date you file, the clair			
					☐ Contingent	an and apply		
	Number	Street			☐ Unliquidated			
		, TX 79998	01.1. 710.0.1		☐ Disputed			
	City		State ZIP Code		Type of NONPRIORITY unsecu	ırad claim:		
	,	curred the debt? Ch	eck one.		Student loans	area ciaiiri.		
	_	tor 1 only			☐ Obligations arising out of a	concretion agreement or		
	_	tor 2 only			divorce that you did not rep	ort as priority claims		
	_	tor 1 and Debtor 2 or	•		☐ Debts to pension or profit-s			
		ast one of the debtor			similar debts	<i>,</i>		
		ck if this claim is for	•		Other. Specify			
		aim subject to offse	et?		CreditCard			
	☑ No							
	☐ Yes							
4.9		ıy/CBNA			Last 4 digits of account numb	per <u>5640</u>		\$0.00
	Nonpriorit	ty Creditor's Name			When was the debt incurred?	12/21/1995		
	Citiban	k Corp/Centralized	Bankruptcy	<u> </u>	As of the date you file, the clair	m is: Check all that apply.		
	PO Box				☐ Contingent			
	Number	Street			☐ Unliquidated			
	City	s, MO 63179-0034	State ZIP Code		☐ Disputed			
	- ',	curred the debt? Ch			Type of NONPRIORITY unsecu	ured claim:		
		tor 1 only	ison one.		☐ Student loans			
	_	tor 2 only			☐ Obligations arising out of a	separation agreement or		
	_	tor 1 and Debtor 2 or	nlv		divorce that you did not rep			
		ast one of the debtor	•		☐ Debts to pension or profit-s	haring plans, and other		
					similar debts			
		ck if this claim is fol aim subject to offse	r a community debt		✓ Other. Specify ChargeAccount			
	Is the cia	ann subject to onse	i. :		ChargeAccount			
	Yes							

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Debto	Sharon	Sieg	jel		Case number (if known)	
	First Name	Middle Name Las	t Name		. ,	
Part	2: Your NONPRIORITY U	nsecured Claims - Contir	nuation	Page		
After	listing any entries on this page,	number them beginning with	4.5, follow	ved by 4.6, and so forth.		Total claim
4.10	Capital One		l act	4 digits of account number	1426	\$0.00
	Nonpriority Creditor's Name		_	•		
	15000 Capital One Dr				09/01/1992	
	Number Street			of the date you file, the claim	is: Check all that apply.	
	Richmond, VA 23238			Contingent		
	City S	tate ZIP Code	_ 🗆	Unliquidated		
	Who incurred the debt? Check	one.		Disputed		
	☑ Debtor 1 only		Туре	of NONPRIORITY unsecure	ed claim:	
	Debtor 2 only			Student loans		
	Debtor 1 and Debtor 2 only			Obligations arising out of a se	eparation agreement or	
	☐ At least one of the debtors an	nd another		divorce that you did not report	as priority claims	
	☐ Check if this claim is for a c			Debts to pension or profit-sha	ring plans, and other	
	Is the claim subject to offset?	John Humity Gebt		similar debts		
	No			Other. Specify		
	Yes		'	CreditCard		
	u res					
4.11	Catherines/Comenity		_ Last	4 digits of account number	3998	\$0.00
	Nonpriority Creditor's Name		Whe	en was the debt incurred?	07/01/2003	
	Po Box 182789 Number Street		– Aso	of the date you file, the claim	is: Check all that apply.	
				Contingent		
	Columbus, OH 43218	tate ZIP Code		Unliquidated		
	Who incurred the debt? Check			Disputed		
	Debtor 1 only	. 0110.		of NONPRIORITY unsecure	ad claim:	
	Debtor 2 only			Student loans	ou ciaim.	
	Debtor 1 and Debtor 2 only		_		unaration agreement or	
	_			Obligations arising out of a sedivorce that you did not report	eparation agreement of as priority claims	
	At least one of the debtors ar		_	Debts to pension or profit-sha	• •	
	☐ Check if this claim is for a c	community debt		similar debts	g plane, and outer	
	Is the claim subject to offset?		$\mathbf{\Delta}$	Other. Specify		
	☑ No			ChargeAccount		
	Yes					
4.12	Chase Card Services		Last	4 digits of account number	2826	\$2,105.00
	Nonpriority Creditor's Name		Whe	en was the debt incurred?	06/01/1986	
	Po Box 15298		– Aso	of the date you file, the claim	is: Check all that apply.	
	Number Street			Contingent	or or our an anat appropr	
	Wilmington, DE 19850	tate ZIP Code		Unliquidated		
	Who incurred the debt? Check			Disputed		
	Debtor 1 only	. One.		•	ad adalas.	
	_		•	e of NONPRIORITY unsecure	ed ciaim:	
	Debtor 2 only		_	Student loans		
	Debtor 1 and Debtor 2 only			Obligations arising out of a sedivorce that you did not report		
	At least one of the debtors ar			Debts to pension or profit-sha		
	☐ Check if this claim is for a c	community debt		similar debts	iiiig piaiis, aiiu ulilei	
	Is the claim subject to offset?			Other. Specify		
	☑ No			CreditCard		
	☐ Yes					

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Debto	r 1 Sharon		Siegel	Case number (if known)
	First Name	Middle Name	Last Name	
Part	2: Your NONPRIORITY	Unsecured Claims - Co	ontinuation Page	
After	listing any entries on this page	ge, number them beginning	with 4.5, followed by 4.6, a	and so forth. Total claim
440				2000 unt number 0031 \$840.00
4.13	Chase Card Services Nonpriority Creditor's Name			account number 9021
	Po Box 15298		When was the	
	Number Street		_	ou file, the claim is: Check all that apply.
	Wilmington, DE 19850		☐ Contingent	
	City	State ZIP Code	Unliquidated	d
	Who incurred the debt? Che	eck one.	Disputed	
	☑ Debtor 1 only		Type of NONPR	NORITY unsecured claim:
	Debtor 2 only		Student loan	ns
	Debtor 1 and Debtor 2 onl	ly		arising out of a separation agreement or
	☐ At least one of the debtors	and another		you did not report as priority claims
	lacksquare Check if this claim is for	a community debt	■ Debts to per similar debts	nsion or profit-sharing plans, and other
	Is the claim subject to offset	t?	Other. Spec	
	☑ No		CreditCard	
	☐ Yes			
4.14	Chase Card Services		Last 4 digits of	account number 5541\$56.00
	Nonpriority Creditor's Name		When was the	
	Po Box 15298			<u></u>
	Number Street			ou file, the claim is: Check all that apply.
	Wilmington, DE 19850		Contingent	
	City	State ZIP Code	Unliquidated	d
	Who incurred the debt? Che	eck one.	■ Disputed	
	Debtor 1 only		<u></u> '	IORITY unsecured claim:
	Debtor 2 only		Student loan	
	Debtor 1 and Debtor 2 onl			arising out of a separation agreement or you did not report as priority claims
	At least one of the debtors			nsion or profit-sharing plans, and other
	☐ Check if this claim is for	a community debt	similar debt	
	Is the claim subject to offset	1?	✓ Other. Speci	aify
	☑ No		CreditCard	
	☐ Yes			
4.15	Chase Card Services		Last 4 digits of	account number 1131 \$0.00
	Nonpriority Creditor's Name		When was the o	debt incurred? 09/01/2009
	Po Box 15298		As of the date v	ou file, the claim is: Check all that apply.
	Number Street		☐ Contingent	
	Wilmington, DE 19850 City	State ZIP Code	Unliquidated	d
	Who incurred the debt? Che		☐ Disputed	
	☑ Debtor 1 only		•	NORITY unsecured claim:
	Debtor 2 only		☐ Student loan	
	Debtor 1 and Debtor 2 onl	lv	_	arising out of a separation agreement or
	At least one of the debtors			you did not report as priority claims
	☐ Check if this claim is for		Debts to per	nsion or profit-sharing plans, and other
	Is the claim subject to offset	•	similar debt	
	No	· ·	✓ Other. Spec CreditCard	
	☐ Yes		CreditCard	

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Debto	r 1 Sharon		Siegel		Case number (if known)	
	First Name	Middle Name	Last Name		, ,	
Part	2: Your NONPRIORITY	Unsecured Claims - (Continuation Page			
After	listing any entries on this page	ge, number them beginnin	g with 4.5, followed by 4.6	3, and so forth.		Total claim
4.16	Chase Card Services		Last 4 digits	of account numbe	r 1635	\$0.00
	Nonpriority Creditor's Name			e debt incurred?	05/01/2007	
	Po Box 15298				is: Check all that apply.	
	Number Street		_	•	is. Check all that apply.	
	Wilmington, DE 19850		Continger			
	City	State ZIP Code	Unliquida	tea		
	Who incurred the debt? Che	eck one.	☐ Disputed			
	Debtor 1 only		<u></u>	PRIORITY unsecur	ed claim:	
	Debtor 2 only		☐ Student lo			
	☐ Debtor 1 and Debtor 2 onl	у			eparation agreement or	
	At least one of the debtors	and another		at you did not repor	• •	
	☐ Check if this claim is for	a community debt	Similar de		aring plans, and other	
	Is the claim subject to offset	?	✓ Other. Sp			
	☑ No		CreditCa			
	☐ Yes					
4.17	Citi/Sears		l ast 4 digits	of account numbe	r 6944	\$0.00
	Nonpriority Creditor's Name			e debt incurred?		
	Po Box 6283					
	Number Street			-	is: Check all that apply.	
	Sioux Falls, SD 57117		Continger			
	City	State ZIP Code	Unliquida	ted		
	Who incurred the debt? Che	eck one.	■ Disputed			
	Debtor 1 only			PRIORITY unsecur	ed claim:	
	Debtor 2 only		Student lo	ans		
	Debtor 1 and Debtor 2 onl	у	☐ Obligation	ns arising out of a s	eparation agreement or	
	☐ At least one of the debtors	and another	_	at you did not repor	• •	
	☐ Check if this claim is for	a community debt	Debts to p		aring plans, and other	
	Is the claim subject to offset	?	☑ Other. Sp			
	☑ No		CreditCa			
	☐ Yes					
4.18	Citibank		Last 4 digits	of account numbe	r 4938	\$776.00
	Nonpriority Creditor's Name			e debt incurred?	01/01/2017	
	Po Box 6241				is: Check all that apply.	
	Number Street		☐ Continger	-	is. Check all that apply.	
	Sioux Falls, SD 57117	C+-+- 71D C+-	Unliquida			
	City	State ZIP Code	•	ieu		
	Who incurred the debt? Che	eck one.	☐ Disputed	DIODITY		
	Debtor 1 only			PRIORITY unsecur	ed claim:	
	Debtor 2 only		Student lo			
	Debtor 1 and Debtor 2 onl	•		ns arising out of a s at you did not repor	eparation agreement or	
	At least one of the debtors				aring plans, and other	
	☐ Check if this claim is for	a community debt	similar de		anny piano, and other	
	Is the claim subject to offset	?	✓ Other. Sp	ecify		
	☑ No		CreditCa			
	☐ Yes					

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Debto	r 1 Sharon		Siegel		Case number (if known)		
	First Name	Middle Name	Last Name				
Part	2: Your NONPRIORITY	Unsecured Claims -	- Continuation Page				
After	listing any entries on this page	ge, number them beginn	ing with 4.5, followed by 4	.6, and so forth.		Total claim	
4.19	Citibank		Last 4 digits	of account number	er 2813	\$	0.00
	Nonpriority Creditor's Name			he debt incurred?	08/01/2018		
	Po Box 6241				is: Check all that apply.		
	Number Street		☐ Conting	-	is. Oncor an that apply.		
	Sioux Falls, SD 57117	State ZIP Code	Unliquid				
	City		•				
	Who incurred the debt? Che	eck one.	☐ Dispute				
	Debtor 1 only		<u></u>	IPRIORITY unsecui	red claim:		
	Debtor 2 only		☐ Student				
	Debtor 1 and Debtor 2 onl	•		ons arising out of a s hat you did not repo	eparation agreement or		
	At least one of the debtors	and another			aring plans, and other		
	Check if this claim is for	a community debt	similar o		aring plans, and other		
	Is the claim subject to offset	?	✓ Other. S				
	☑ No		CreditC				
	☐ Yes						
4.20	Citibank/The Home Depot		Last 4 digits	of account numbe	r 7627	\$	0.00
	Nonpriority Creditor's Name			he debt incurred?			
	Po Box 6497				is: Check all that apply.		
	Number Street		Conting	-	is. Check all that apply.		
	Sioux Falls, SD 57117						
	City	State ZIP Code	Unliquid				
	Who incurred the debt? Che	eck one.	☐ Dispute				
	Debtor 1 only			IPRIORITY unsecur	red claim:		
	Debtor 2 only		☐ Student	loans			
	☐ Debtor 1 and Debtor 2 onl	ly	☐ Obligation	ons arising out of a s	eparation agreement or		
	At least one of the debtors	and another		hat you did not repo			
	☐ Check if this claim is for	a community debt	Debts to similar of		aring plans, and other		
	Is the claim subject to offset	?	☑ Other. S				
	☑ No			Account			
	☐ Yes						
4.21	Cntrl Fl Edu		Last 4 digits	of account numbe	er <u>0908</u>	\$	4.00
	Nonpriority Creditor's Name		When was t	he debt incurred?	08/01/2014		
	1200 Weber St		As of the da	te you file, the claim	is: Check all that apply.		
	Number Street		☐ Conting	•	,		
	Orlando, FL 32803	State ZIP Code	Unliquid				
	Who incurred the debt? Che		☐ Dispute				
	Debtor 1 only	SOR ONO.		IPRIORITY unsecur	od claim:		
	Debtor 2 only		☐ Student		ca diairi.		
		h.			operation agreement or		
	Debtor 1 and Debtor 2 onl	•		ons arising out of a s hat you did not repo	eparation agreement or rt as priority claims		
	At least one of the debtors				aring plans, and other		
	☐ Check if this claim is for	•	similar		9 F		
	Is the claim subject to offset	17	✓ Other. S				
	☑ No		CreditC	ard			
	☐ Yes						

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Debtor	1 Sharon		Siegel	Ca	ase number (if known)	
	First Name	Middle Name	Last Name		, ,	
Part	2: Your NONPRIORITY	Unsecured Claims - (Continuation Page			
After	listing any entries on this pag	je, number them beginnin	g with 4.5, followed by 4.6	s, and so forth.		Total claim
	Cntrl Fl Edu Nonpriority Creditor's Name 1200 Weber St Number Street		When was th	of account number 7936 e debt incurred? 08/01/2 you file, the claim is: Chec		\$0.00
	Orlando, FL 32803 City Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for alls the claim subject to offset	/ and another a community debt	Student lo	PRIORITY unsecured claim ans as arising out of a separation at you did not report as prior pension or profit-sharing pla bts	n agreement or rity claims	
	☑ No □ Yes		CreditCa			40.00
	Comenity Bank/Bealls Flori Nonpriority Creditor's Name Po Box 182685 Number Street Columbus, OH 43218 City Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for a ls the claim subject to offset No Yes	State ZIP Code ck one. / and another a community debt	When was th As of the date Continger Unliquida Disputed Type of NONI Student lo	PRIORITY unsecured claim ans as arising out of a separation at you did not report as prior pension or profit-sharing pla bts ecify	n: n agreement or rity claims	\$0.00
	Comenitybank/Onestop Nonpriority Creditor's Name Po Box 182789 Number Street Columbus, OH 43218 City Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for a list the claim subject to offset No Yes	/ and another a community debt	When was th As of the date Continger Unliquida Disputed Type of NONi Student lo	PRIORITY unsecured claim ans as arising out of a separation at you did not report as prior pension or profit-sharing pla bts ecify	n: n agreement or rity claims	<u>\$190.00</u>

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Debtor	1 Sharon		Siegel	Case number	er (if known)
	First Name	Middle Name	Last Name		
Part	2: Your NONPRIORITY	Unsecured Claims -	Continuation Page		
After	listing any entries on this pag	je, number them beginnir	ng with 4.5, followed by 4.6	s, and so forth.	Total claim
	Discover Financial Nonpriority Creditor's Name PO Box 71084 Number Street Charlotte, NC 28272-1084		When was the As of the date		\$10,043.00 apply.
	Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for a ls the claim subject to offset Mo	/ and another a community debt	Student lo Obligatior divorce th	PRIORITY unsecured claim: ans as arising out of a separation agreement you did not report as priority claims bension or profit-sharing plans, and others becify	
4.26	First National Bank Nonpriority Creditor's Name Po Box 3412		When was the	of account number 3834 e debt incurred? 08/01/2018 you file, the claim is: Check all that a	\$0.00
	Number Street Omaha, NE 68103 City Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 2 only	(☐ Continger ☐ Unliquida ☐ Disputed Type of NONF ☐ Student lo	ted PRIORITY unsecured claim:	
	At least one of the debtors Check if this claim is for a ls the claim subject to offset No Yes	a community debt		pension or profit-sharing plans, and othe bts ecify	her
	Kohls/Capital One Nonpriority Creditor's Name N56 W 17000 Ridgewood D Number Street Menomonee Falls, WI 5305' City Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for a list the claim subject to offset No Yes	State ZIP Code ck one. / and another a community debt	When was the As of the date Continger Unliquida Disputed Type of NONF Student lo Obligatior divorce th	PRIORITY unsecured claim: ans as arising out of a separation agreement at you did not report as priority claims bension or profit-sharing plans, and others becify	ent or

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Debto	r 1 Sharon	Siegel Case	number (if known)
	First Name Middle Name	Last Name	
Part	2: Your NONPRIORITY Unsecured CI	aims - Continuation Page	
After	listing any entries on this page, number them	beginning with 4.5, followed by 4.6, and so forth.	Total claim
4.28	Marcus by Goldman Sachs	Last 4 digits of account number 0877	\$31,246.00
1.20	Nonpriority Creditor's Name		<u> </u>
	Po Box 45400	When was the debt incurred? 02/19/2019	
	Number Street	As of the date you file, the claim is: Check a	Il that apply.
	Salt Lake City, UT 84145	Contingent	
	City State ZIP Co	de Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only	☐ Student loans	
	☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation ag	greement or
	☐ At least one of the debtors and another	divorce that you did not report as priority	claims
	☐ Check if this claim is for a community del	Debts to pension or profit-sharing plans,	and other
	Is the claim subject to offset?	Similar debts	
	☑ No	✓ Other. Specify Unsecured	
	☐ Yes	Offseculeu	
			\$0.00
4.29	Mr. Cooper Nonpriority Creditor's Name	Last 4 digits of account number 4685	<u>Ψ0.00</u>
		When was the debt incurred? 11/01/2007	<u>*</u>
	8950 Cypress Waters Blvd Number Street	As of the date you file, the claim is: Check a	ıll that apply.
	Coppell, TX 75019	☐ Contingent	
	City State ZIP Co	de Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	 Obligations arising out of a separation ag 	reement or
	☐ At least one of the debtors and another	divorce that you did not report as priority	claims
	☐ Check if this claim is for a community del	Debts to pension or profit-sharing plans,	and other
	•	similar debts	
	Is the claim subject to offset? No	Other. Specify	
		ConventionalRealEstateMortgage	
	Yes		
4.30	Mr. Cooper	Last 4 digits of account number 3618	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred? 06/29/2012	2
	8950 Cypress Waters Blvd Number Street	As of the date you file, the claim is: Check a	ill that apply.
		☐ Contingent	
	Coppell, TX 75019 City State ZIP Co		
	Who incurred the debt? Check one.	Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation ag	groomont or
	_	divorce that you did not report as priority	
	At least one of the debtors and another	Dobte to popular or profit charing plane	
	☐ Check if this claim is for a community del	similar debts	
	Is the claim subject to offset?	✓ Other. Specify	
	☑ No	ConventionalRealEstateMortgage	
	☐ Yes		

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Debto	r 1 Sharon		Siegel	Case numb	per (if known)
	First Name	Middle Name	Last Name		,
Part	2: Your NONPRIORITY	Unsecured Claims -	Continuation Page		
After	listing any entries on this pag	ge, number them beginni	ng with 4.5, followed by 4.6	s, and so forth.	Total claim
4.31	Nelnet Loans Nonpriority Creditor's Name		Last 4 digits	of account number 3574	\$0.00
			When was th	e debt incurred? 03/01/2004	
	Number Street		As of the date	you file, the claim is: Check all that	apply.
	Jacksonville, FL 32216		Continger	nt	
	City	State ZIP Code	Unliquida	ted	
	Who incurred the debt? Che	ck one.	☐ Disputed		
	☑ Debtor 1 only		·	RIORITY unsecured claim:	
	Debtor 2 only		✓ Student lo		
	Debtor 1 and Debtor 2 only	ı	_	s arising out of a separation agreem	nent or
	At least one of the debtors		divorce th	at you did not report as priority claims	S
			Debts to p	pension or profit-sharing plans, and c	other
	☐ Check if this claim is for a	•	similar de	bts	
	Is the claim subject to offset	ſ	Other. Sp		
			Educatio	nal	
	☐ Yes				
4.32	Nelnet Loans		Last 4 digits	of account number 3474	\$0.00
	Nonpriority Creditor's Name		When was the	e debt incurred? 03/01/2004	
	6420 Southpoint Pkwy		As of the date	you file, the claim is: Check all that	apply.
	Number Street		☐ Continger		
	Jacksonville, FL 32216 City	State ZIP Code	Unliquida		
	Who incurred the debt? Che		☐ Disputed		
	Debtor 1 only	on one.	•	PRIORITY unsecured claim:	
	Debtor 2 only		☑ Student lo		
	Debtor 1 and Debtor 2 only	,		is arising out of a separation agreen	nent or
	At least one of the debtors		divorce th	at you did not report as priority claims	S
	☐ Check if this claim is for a			Debts to pension or profit-sharing plans, and other	other
		•	similar de	bts	
	Is the claim subject to offset	·	U Other. Sp		
	Yes		Educatio	nai	
	u res				to oo
4.33	Synchrony Bank Nonpriority Creditor's Name		Last 4 digits	of account number 0084	<u>\$0.00</u>
	, ,		When was th	e debt incurred? 12/02/2006	
	Po Box 965005 Number Street		As of the date	you file, the claim is: Check all that	apply.
	Orlando, FL 32896		Continger	nt	
	City	State ZIP Code	Unliquida	ted	
	Who incurred the debt? Che	ck one.	☐ Disputed		
	☑ Debtor 1 only		Type of NONF	RIORITY unsecured claim:	
	Debtor 2 only		☐ Student lo	ans	
	Debtor 1 and Debtor 2 only	/	Obligation	s arising out of a separation agreem	nent or
	At least one of the debtors			at you did not report as priority claims	
	☐ Check if this claim is for a			pension or profit-sharing plans, and c	other
	Is the claim subject to offset	•	similar de		
	☑ No		☑ Other. Sp ChargeA		
	☐ Yes		J. 1.2. 90A		

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Debto			Siegel	Case number (if known)		
	First Name	Middle Name	Last Name			
Part	2: Your NONPRIORITY	Y Unsecured Claims - C	Continuation Page			
After	listing any entries on this pa	.6, and so forth. Total claim				
4.34	Carabasana Banki IC Banasan		Last 4 dinita	of account number 5034 \$0.00		
4.34	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name			or account number 5024		
	PO Box 965064			he debt incurred? 11/05/2006		
	Number Street		_	te you file, the claim is: Check all that apply.		
	Orlando, FL 32896		Continger			
	City State ZIP Code		Unliquida Unliquida	ated		
	Who incurred the debt? Check one.		Disputed	i		
	☑ Debtor 1 only		Type of NONI	IPRIORITY unsecured claim:		
	 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? ☑ No □ Yes 		☐ Student lo	☐ Student loans		
				ons arising out of a separation agreement or		
				hat you did not report as priority claims		
				pension or profit-sharing plans, and other		
			similar de ☑ Other. Sp			
			✓ Other. Sp ChargeA			
			onargo, t			
4.05				of coccumt number 2742 \$0.00		
4.35	Synchrony Bank/Gap Nonpriority Creditor's Name			or account number 2/42		
	Po Box 965005		When was th	he debt incurred? 01/07/2015		
	Number Street			te you file, the claim is: Check all that apply.		
	Orlando, FL 32896		☐ Continge	ent		
	City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No		Unliquida	☐ Unliquidated		
			Disputed	1		
			Type of NONI	IPRIORITY unsecured claim:		
			☐ Student lo	oans		
			Obligation	ons arising out of a separation agreement or		
				hat you did not report as priority claims		
				pension or profit-sharing plans, and other		
			similar de			
			☑ Other. Sp CreditCa			
	Yes			ai u		
	163			of account number 1697 \$0.00		
4.36	Synchrony Bank/HH Gregg Nonpriority Creditor's Name		Last 4 digits	of account number 1687 \$0.00		
			When was th	he debt incurred? 04/22/2012		
	C/o Po Box 965036 Number Street		As of the date	te you file, the claim is: Check all that apply.		
	Orlando, FL 32896		☐ Continger	ent		
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only		Unliquida	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
			☐ Disputed			
			Type of NONI			
	Debtor 2 only		Student lo	oans		
	_	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or		
	At least one of the debtor	•		hat you did not report as priority claims		
	☐ Check if this claim is fo			pension or profit-sharing plans, and other		
		•	similar de			
	s the claim subject to offset? 1 No		Other. Sp			
	☐ Yes		ChargeA	ACCOUNT		
	☐ Yes					

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Debto	r 1 Sharon	Siegel	Case number (if known)			
	First Name Middle N	Name Last Name	. ,			
Part	2: Your NONPRIORITY Unsecured	l Claims - Continuation Page				
A 5:						
After	listing any entries on this page, number the	nem beginning with 4.5, followed by 4.6, and so forth	Total claim			
4.37	Synchrony Bank/QVC	Last 4 digits of account nu	mber 5463 \$71.00			
	Nonpriority Creditor's Name	When was the debt incurre				
	Po Box 965005					
	Number Street	As of the date you file, the c	iaim is: Check all that apply.			
	Orlando, FL 32896	Contingent				
	•	Code Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed	•			
	Debtor 1 only	Type of NONPRIORITY uns	ecured claim:			
	☐ Debtor 2 only		Student loans			
	☐ Debtor 1 and Debtor 2 only	Obligations arising out o	f a separation agreement or			
	☐ At least one of the debtors and another	divorce that you did not r				
	☐ Check if this claim is for a community	debt Debts to pension or prof	it-sharing plans, and other			
	Is the claim subject to offset?		✓ Other. Specify			
	☑ No	ChargeAccount				
	☐ Yes	_				
4.38	Sunahrany Pank/Sama	Last 4 digits of account nu	mbor 6200 \$0.00			
	Synchrony Bank/Sams Nonpriority Creditor's Name					
	Po Box 965005	When was the debt incurre	<u></u> -			
	Number Street	As of the date you file, the c	laim is: Check all that apply.			
	Orlando, FL 32896	☐ Contingent				
	City State ZIF	Code Unliquidated				
	Who incurred the debt? Check one.	Disputed	☐ Disputed			
	Debtor 1 only	Type of NONPRIORITY uns	Type of NONPRIORITY unsecured claim:			
	☐ Debtor 2 only	Student loans				
	☐ Debtor 1 and Debtor 2 only	Obligations arising out o	f a separation agreement or			
	☐ At least one of the debtors and another	divorce that you did not r				
	☐ Check if this claim is for a community	debt Debts to pension or prof similar debts	it-sharing plans, and other			
	Is the claim subject to offset?	✓ Other. Specify				
	☑ No	ChargeAccount				
	☐ Yes	3				
4 20			mbor 5353 \$6,532.00			
4.39	US Bank/RMS CC Nonpriority Creditor's Name	Last 4 digits of account nu	Tibel 3332			
	Po Box 108	When was the debt incurre				
	Number Street		As of the date you file, the claim is: Check all that apply.			
	Saint Louis, MO 63166	☐ Contingent				
		Code Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed	 ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans 			
	☑ Debtor 1 only	Type of NONPRIORITY uns				
	Debtor 2 only	☐ Student loans				
	☐ Debtor 1 and Debtor 2 only	Obligations arising out o	f a separation agreement or			
	At least one of the debtors and another	divorce that you did not r				
	☐ Check if this claim is for a community		it-sharing plans, and other			
	Is the claim subject to offset?	Similar debis				
	☑ No	☑ Other. Specify CreditCard				
	☐ Yes	Cicultoaiu				
	- 103					

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Debtor 1	Sharon	Siegel			Case number (if k	nown)
	First Name Midd	le Name Last Name				
Part 4: Add	the Amounts for Each T	ype of Unsecured Claim				
	nounts of certain types of unsecured claim.	secured claims. This informat	tion is for sta	itisti	cal reporting purposes only. 28 U.S.C	c. §159. Add the amounts for each
					Total claim	
Total claims	6a. Domestic support oblig	gations	6a.		\$0.00	
from Part 1	6b. Taxes and certain other government	debts you owe the	6b.		\$0.00	
	6c. Claims for death or pers were intoxicated	sonal injury while you	6c.		\$0.00	
	6d. Other. Add all other prior Write that amount here.	ity unsecured claims.	6d.	+	\$0.00	
	6e. Total. Add lines 6a throu	gh 6d.	6e.		\$0.00	
					Total claim	
Total claims	6f. Student loans		6f.		\$0.00	
from Part 2	6g. Obligations arising out agreement or divorce t priority claims	of a separation hat you did not report as	6g.		\$0.00	
	6h. Debts to pension or pro other similar debts	ofit-sharing plans, and	6h.		\$0.00	
	6i. Other. Add all other nonp Write that amount here.	riority unsecured claims.	6i.	+	\$51,863.00	
	6j. Total. Add lines 6f throug	h 6i.	6j.		\$51,863.00	

Fill in this information	to identify your case:			
Debtor 1	Sharon		Siegel	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	ptcy Court for the:		Middle District of Florida	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom	you have	the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

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Fill	in this information to	o identify your case:					
D	ebtor 1	Sharon First Name	Middle Name	Siegel Last Name			
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
U	nited States Bankru	otcy Court for the:		Middle District of Florid	a		
	ase number known)						Check if this is an amended filing
Of	ficial Form	106H					
Sc	chedule F	1: Your Co	odebtors				12/15
both	n are equally respon	nsible for supplying	g correct information	on. If more space is need	ed, copy the Add		rried people are filing together, mber the entries in the boxes or nswer every question.
1.	Do you have any o ✓ No	codebtors? (If you a	re filing a joint case	, do not list either spouse a	as a codebtor.)		
	Yes						
2.	-			roperty state or territory? nington, and Wisconsin.)	(Community pro	perty states and territories includ	de Arizona, California, Idaho,
	☑ No. Go to line 3						
	Yes. Did your sp	oouse, former spouse	e, or legal equivalen	at live with you at the time?			
	□No						
	Yes. In which	n community state or	territory did you live	9?	Fill i	n the name and current address	s of that person.
	Name						
	Number	Street					
	City		State ZIP Code				
3.	codebtor only if th	nat person is a guar	antor or cosigner.	•	d the creditor on	s filing with you. List the person Schedule D (Official Form 10 to fill out Column 2.	
	Column 1: Your co	debtor			C	Column 2: The creditor to whom	
3.1						Schedule D, line	
	Name					Schedule E/F, line	

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Number

City

Street

ZIP Code

State

Schedule G, line _____

HII	in this information to	identify your eas	0.								
	ebtor 1	Sharon	Sie	nel							
		First Name	· · · · · · · · · · · · · · · · · · ·	Name							
	ebtor 2 Spouse, if filing)	First Name	Middle Name Last	Name				Cł	neck if this is:		
	nited States Bankrup	otcy Court for the	Middle I	District of Floric	da			_	An amended	filing	
		noy Court for the.		21311101 01 1 10110	<u></u>				A supplement		
_	ase number known)								chapter 13 inc	come as of t	he following date
									MM / DD / YY	/YY	
Of	ficial Form	106I									
So	chedule I:	Your In	come								12/15
info spo add	rmation. If you are use is not filing with	married and not n you, do not inc your name and ca	e. If two married people are fi filing jointly, and your spouse lude information about your s ase number (if known). Answe	is living with yo pouse. If more	ou, in spac	clude infori	mation about	your spot	use. If you are	separated a	and your
1.	Fill in your employ information.	ment		Debtor 1					Debtor 2 or no	on-filing sp	ouse
	If you have more that attach a separate prinformation about a employers.	age with	Employment status Occupation	☐ Employed 5	√INo	t Employed		E	mployed 🗖 No	ot Employed	
	Include part time, s	oscopal or	Employer's name								
	self-employed work	•	Complexed address								
	Occupation may inc		Employer's address	Number Street	t			Nun	nber Street		
	or homemaker, if it	applies.									
				City		State	Zip Code	City		State	Zip Code
			How long employed there?			_	p				p
Pa	art 2: Give Deta	ails About Moi	nthly Income								
	Estimate monthly are separated.	income as of the	date you file this form. If you	have nothing to	repor	t for any line	, write \$0 in th	ne space. In	nclude your noi	n-filing spou	se unless you
	If you or your non-fi attach a separate s		more than one employer, combi	ne the informatio	on for	all employe	rs for that pers	son on the	lines below. If y	ou need mo	ore space,
						For	Debtor 1		ebtor 2 or ing spouse		
2.			nd commissions (before all pa late what the monthly wage wo		2.		\$0.00		\$0.00	_	
3.	Estimate and list r		, -		3.	+_	\$0.00	+	\$0.00		
							· · · · ·		, , , , , , , , , , , , , , , , , , ,	_	

\$0.00

4. Calculate gross income. Add line 2 + line 3.

Debtor 1 Sharon Siegel Case number (if known) ______

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here→	4.	\$0.00	\$0.00
List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify:	5h. +	\$0.00	+ \$0.00
			
Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00
List all other income regularly received:			
 Net income from rental property and from operating a business, profession, or farm 			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	# 0.00	\$0.00
8b. Interest and dividends	8a.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8b.	\$0.00	<u>\$0.00</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$1,992.00	\$0.00
8f. Other government assistance that you regularly receive	06.	Ψ1,992.00	φυ.συ_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify:			
8g. Pension or retirement income	8f.	\$0.00	<u>\$0.00</u>
8h. Other monthly income. Specify:	8g.	\$2,358.04	\$0.00
	8h. +	\$0.00	+\$0.00
Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$4,350.04	\$0.00
Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$4,350.04	+ \$0.00 = \$4
State all other regular contributions to the expenses that you list in Schedule	J .		
Include contributions from an unmarried partner, members of your household, your of friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a			
		, , , , , , , , , , , , , , , , , , , ,	
Specify:			11. +
Add the amount in the last column of line 10 to the amount in line 11. The result amount on the Summary of Your Assets and Liabilities and Certain Statistical Information			e. Write that 12. \$4
anount on the cuminary of rout Assets and Elabilides and Certain Statistical Inform	auori, ii it e	арріісэ	
			Combined monthly inc
Do you expect an increase or decrease within the year after you file this form?			
☑No.			
Yes. Explain:			

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Fil	ll in this information to	o identify your case:						
С	Debtor 1	Sharon		Siegel	_			
		First Name	Middle Name	Last Name		Check if		
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		_	mended filing	landa alla all'Ilan
	Jnited States Bankrup		Wildelle Hame	Middle District o	of Florida			ing postpetition as of the following date:
	Case number	3.0, 3.0				D 4D 4	/DD /\\\\\\	<u> </u>
_	if known)					IVIIVI /	DD / YYYY	
O.	fficial Form	106J						
S	chedule J	: Your Ex	penses					12/15
								rect information. If more space is
nee	eded, attach another	sheet to this form.	On the top of any	additional pages,	write your name and case	number (if	known). Ansv	ver every question.
Pa	art 1: Describe	Your Household						
1.	Is this a joint case	?						
	☑No. Go to line 2							
		tor 2 live in a separa	te household?					
	□No	Dalata a O assessat Clar Off	"-'-I F 400 I O	5	and the same hald of Dahland	2		
_				, Expenses for Sep	parate Household of Debtor 2	2.		
2.	Do you have depe		√No		Dependent's relationship	n to	Dependent's	s Does dependent live
	Debtor 2.	anu		nis information for ent	Debtor 1 or Debtor 2		age	with you?
	Do not state the de	pendents' names.	·					— □No. □Yes.
								No. □Yes.
								— UNo. UYes.
								— No. ☐Yes.
								No. Yes.
3.	Do your expenses of people other the your dependents?	an yourself and	☑ No ☐ Yes					
Pa	art 2: Estimate	Your Ongoing M	lonthly Expens	ses				
					ng this form as a suppleme the top of the form and fil			o report expenses as of a date after
	clude expenses paid uch assistance and l		-	-				Your expenses
4.	The rental or home ground or lot.	e ownership expens	es for your reside	ence. Include first m	nortgage payments and any	rent for the	4.	\$1,800.00
	If not included in	line 4:						
	4a. Real estate taxe	es					4a.	\$0.00
	4b. Property, home	owner's, or renter's in	nsurance				4b.	\$0.00
		ance, repair, and upke					4c.	\$50.00
							4d.	\$0.00

4d. Homeowner's association or condominium dues

\$0.00

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Debtor 1 Siegel Case number (if known) Last Name

	•	Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5	
6. Utilities:		
6a. Electricity, heat, natural gas	6a. <u> </u>	\$135.00
6b. Water, sewer, garbage collection	6b	\$50.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$307.00
6d. Other. Specify:	6d	\$0.00
Food and housekeeping supplies	7	\$500.00
Childcare and children's education costs	8.	\$0.00
. Clothing, laundry, and dry cleaning	9	\$150.00
0. Personal care products and services	10.	\$100.00
Medical and dental expenses	11	\$350.00
Transportation. Include gas, maintenance, bus or train fare.Do not include car payments.	12	\$250.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$75.00
4. Charitable contributions and religious donations	14	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a. —	\$54.00
15b. Health insurance	15b	\$381.00
15c. Vehicle insurance	15c	\$90.00
15d. Other insurance. Specify:	15d	\$0.00
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	\$0.00
7. Installment or lease payments:		
	17a	
17a. Car payments for Vehicle 1	17b	
17b. Car payments for Vehicle 2	17c	
17c. Other. Specify:	17d.	
17d. Other. Specify:	17u	
 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 	18	\$0.00
9. Other payments you make to support others who do not live with you.	40	00.55
Specify:	19	\$0.00
O. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Deb	otor 1	Sharon		Siegel	Case number	(if known)
		First Name	Middle Name	Last Name		
21.	Other. Spec	ify:			21.	+\$0.00
22.	Calculate yo	our monthly expen	ses.			
	22a. Add line	es 4 through 21.			22a.	\$4,292.00
	22b. Copy lir	ne 22 (monthly expe	enses for Debtor 2), if any	, from Official Form 106J-2	22b.	\$0.00
	22c. Add line	22a and 22b. The	result is your monthly exp	penses.	22c.	\$4,292.00
23.	Calculate ye	our monthly net in	come.			
	23a. Copy lir	ne 12 (your combine	ed monthly income) from	Schedule I.	23a.	\$4,350.04
	23b. Copy yo	our monthly expense	es from line 22c above.		23b.	- \$4,292.00
	23c. Subtrac	t your monthly expe	enses from your monthly i	ncome.		Ø50.04
	The re	sult is your <i>monthly</i>	net income.		23c.	\$58.04
24.	For example	, do you expect to fi	inish paying for your car l	ses within the year after you file this pan within the year or do you expect y a modification to the terms of your mo	/our	
	☑ No. ☐ Yes.	None				

to identify your case:			
Sharon		Siegel	
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
uptcy Court for the:		Middle District of Florida	
	Sharon First Name	Sharon First Name Middle Name First Name Middle Name	Sharon Siegel First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Re as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your

schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you and check the box at the top of this page.	must fill out a new Summary
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$178,687.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$50,837.29
	\$229,524.29
1c. Copy line 63, Total of all property on Schedule A/B	ΨΕΕΘ,ΘΕ 1.ΕΘ
Part 2: Summarize Your Liabilities	
Fart 2. Summarize rour Erabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$154,374.00
	\$154,374.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$154,374.00 \$0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F 	\$0.00 + \$51,863.00
 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 	\$0.00
 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F 	\$0.00 + \$51,863.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$0.00 + \$51,863.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00 + \$51,863.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00 + \$51,863.00 \$206,237.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00 + \$51,863.00 \$206,237.00

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Del	otor 1	Sharon		Siegel		Case number (if known)
		First Name	Middle Name	Last Name			
Ра	rt 4: Answe	er These Ques	stions for Administr	ative and Statistical Reco	ords		
c 4	va vav filina fa	. hanlen mtare coa	las Chantara 7 44 as 420	.			
	-		der Chapters 7, 11, or 13?			harana aharan kalan	
	_	e nothing to repor	t on this part of the form. C	Check this box and submit this forn	n to the court wit	n your other schedules.	
٥	Yes						
		ebt do you have?					
0	2 Your debts a	are primarily con	sumer debts. Consumer	debts are those "incurred by an incut lines 8-9g for statistical purpose	dividual primarily	for a personal,	
_							
L		are not primarily he court with your		ive nothing to report on this part of	the form. Check	this box and submit	
	uns ionn to t	no court with your	otrici soricadios.				
. -		(- () / ()			(O#:::-		
			<i>rrent Monthly Income</i> : C 22B Line 11; OR , Form 12	opy your total current monthly inco 22C-1 Line 14.	me from Official		\$2,358.04
		,					
م ر	ony the follow	ina special cated	orios of claims from Dar	t 4, line 6 of Schedule E/F:			
J. C	opy the follow	ing special categ	ones of claims nomit a	14, lifte 0 of ochedule L/1.			
						Total claim	
						Total Gailli	
	From Part 4	on Schedule E/F,	copy the following:				
ļ '							
	9a. Domestic s	support obligations	s (Copy line 6a.)			\$0.00	
	Oh Tayes and	certain other debts	s you owe the government	t (Cany line 6h.)		\$0.00	
	ob. Taxoo and	oordan on or dobt	you owe the government	. (Copy into ob.)		ψο.σσ	
	9c. Claims for	death or personal	injury while you were into	xicated. (Copy line 6c.)		\$0.00	
	9d. Student loa	ans. (Copy line 6f.)				\$0.00	
	9a Ohligations	arising out of a se	anaration agreement or di	ivorce that you did not report as p	riority	\$0.00	
	claims. (Co		sparation agreement of di	voice that you did not report as pi	ionty	ψ0.00	
	Of Dobte to se	incion or profit ch	aring plane, and other sim	nilar debts. (Copy line 6h.)			
	91. Debis to pe	ension or profit-sha	anng pians, and other sin	mar debts. (Copy line on.)	-	+ \$0.00	
	9g. Total. Add	lines 9a through 9	9f.			\$0.00	

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Fill in this information	to identify your case:				
Debtor 1	Sharon		Siegel		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bankr	uptcy Court for the:		Middle District of Florida		
Case number					Check i
(if known)					amende

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
☑ No ☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature
	(Official Form 119).
Under penalty of perjury, I declare that I have read th	e summary and schedules filed with this declaration and that they are true and correct.
V	
/s/ Sharon Siegel Sharon Siegel, Debtor 1	X
Date 10/09/2019 MM/ DD/ YYYY	Date

	Case 6	3:19-bk-0660)5-KJ Doc	1 Filed 10/09/19	Page 48 of 6	59
Fill in this information to	identify your case:					
Debtor 1	Sharon		Siegel			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankrup	otcy Court for the:		Middle District of I	Florida		
Case number (if known)						Check if this is an amended filing
Official Form	107					
Statement	of Financ	ial Affair	s for Indi	viduals Filing	for Bankru	uptcy 04/
1. What is your curre ☐ Married ☑ Not married	ent marital status?					
2. During the last 3 ye	ears, have you lived	anywhere other tha	an where you live n	ow?		
Yes. List all of th	e places you lived in	the last 3 years. Do	not include where y	ou live now.		
Debtor 1:		Date ther	es Debtor 1 lived re	Debtor 2:		Dates Debtor 2 lived
				_		there
				Same as Debtor 1		Same as Debtor 1
Number Street		From	1			Same as Debtor 1
Number Street		From		Number Street		☐ Same as Debtor 1

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ Same as Debtor 1

Number Street

City

√ No

Number

City

Street

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

State ZIP Code

То

☐ Same as Debtor 1

State ZIP Code

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Debtor 1	Sharon	Siegel		Case number (if know	/n)
	First Name Middle	Name Last Name			
Part 2: E	xplain the Sources of Your	Income			
	have any income from employme				
	tal amount of income you received ing a joint case and you have incor			i.	
√ No	<i>J. J. J. J. J. J. J. J.</i>	, ,	,		
☐ Yes. I	Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross Income	Sources of income	Gross Income
		Check all that apply.	(before deductions and	Check all that apply.	(before deductions and
		.,,	exclusions)	117	exclusions)
	nuary 1 of current year until the filed for bankruptcy:				
	······································	Operating a business		Operating a business	
For last of	calendar year:	☐ Wages, commissions,		☐ Wages, commissions,	
(January	1 to December 31, 2018	bonuses, tips		bonuses, tips	
	Y Y Y Y	Operating a business		Operating a business	
For the c	alendar year before that:	☐ Wages, commissions,		☐ Wages, commissions,	
	1 to December 31, 2017)	bonuses, tips		bonuses, tips	
(January	YYYY YYYY	Operating a business		Operating a business	
	receive any other income during				
	ome regardless of whether that inco pensions; rental income; interest; d				
	e that you received together, list it of		riawsuits, royaities, and garribi	ing and lottery wirinings. If you	d are illing a joint case and you
☐ No					
_					
Yes. I	Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income from each	Sources of income	Gross Income from each
		Describe below.	source	Describe below.	source
			(before deductions and		(before deductions and
			exclusions)		exclusions)
From Jai	nuary 1 of current year until the	Retirement	\$16,659.36		
	filed for bankruptcy:	Social Security	\$17,928.00		
For last o	calendar year:	SS & Pension	\$40,083.00		
	1 to December 31, 2018)	CC QT GROOT	Ψ10,000.00		
(ouridary	YYYY YYYY				
	alandan varabet 4. 4	00 0 Dava'	#07 000 00		
	alendar year before that:	SS & Pension	\$27,299.00		
(January	1 to December 31, <u>2017</u>) YYYY				

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debts. Consumer debts are deprose." pay any creditor a total of \$6,825* or more in one or support obligations, such as celebrated on or after the debts. pay any creditor a total of \$600	25* or more? more payments and the total a hild support and alimony. Also	mount you paid that
debts. Consumer debts are deprose." pay any creditor a total of \$6,8 al of \$6,825* or more in one or a support obligations, such as debts.	25* or more? more payments and the total a hild support and alimony. Also	mount you paid that
debts. Consumer debts are deprose." pay any creditor a total of \$6,8 al of \$6,825* or more in one or a support obligations, such as detailed. that for cases filed on or after the debts.	25* or more? more payments and the total a hild support and alimony. Also	mount you paid that
pay any creditor a total of \$6,8 al of \$6,825* or more in one or support obligations, such as ce. that for cases filed on or after the debts.	25* or more? more payments and the total a hild support and alimony. Also	mount you paid that
pay any creditor a total of \$6,8 al of \$6,825* or more in one or a support obligations, such as celebrated as a support of the support of th	nore payments and the total a hild support and alimony. Also	
support obligations, such as ce. that for cases filed on or after the debts.	hild support and alimony. Also	
support obligations, such as ce. that for cases filed on or after the debts.	hild support and alimony. Also	
debts.	he date of adjustment.	
) or more?	
Total amount paid	Amount you still owe	Was this payment for
¢2,006,00	¢154 274 00	✓Mortgage
\$3,090.00	<u> </u>	☐ Car
		Credit card
<u></u>		☐ Loan repayment ☐ Suppliers or vendors
		Other
	Total amount paid \$3,096.00	al of \$600 or more and the total amount you paid that credito the as child support and alimony. Also, do not include payment. Total amount paid Amount you still owe \$3,096.00 \$154,374.00 ment on a debt you owed anyone who was an insider? eneral partners; partnerships of which you are a general partners.

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otor 1	Sharon		Siegel		_ Case r	number (if kno	own)
	First Name	Middle Name	Last Name				
Within 1 y	ear before you filed	for bankruptcy, did	d you make any payr	nents or transfer any	property on account of	a debt that b	enefited an insider?
ude paym	nents on debts guara						
√No							
Yes. Lis	st all payments that be	enefited an insider.					
			Dates of	Total amount paid	Amount you still owe	Reason for	this payment
			payment			Include cred	ditor's name
sider's N	ame						
umber	Street						
umboi	Circoi						
City	State	ZIP Code					
t 4: Ide	entify Legal Acti	ions, Repossess	sions, and Forec	losures			
Yes. Fil	ll in the details.	Nati	ure of the case	Cou			Status of the case
		Nau	are or the case	Cot	irt or agency		Status of the case
Case title.							Pending
				Court	Name		☐ On appeal ☐ Concluded
Case num	ber			Numb	er Street		
				City	Stat	e ZIP Cod	_
				Oity	Stat	211 000	
	year before you filed at apply and fill in the o		as any of your prope	erty repossessed, for	eclosed, garnished, atta	ched, seized,	or levied?
_	to line 11.	aolano bolow.					
	Il in the information be	elow					
100.11		0.011.	Describe	the property		Date	Value of the property
			Describe	the property		Date	value of the property
Creditor's N	Jame		-		_		
VICUITOI 2 IV	vame						
lumber	Street		Explain w	hat happened			
			Propert	y was repossessed.			
				y was foreclosed.			
				y was garnished.			
City	Sta	te ZIP Code	□ Propert	y was attached, seized	I, or levied.		

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tor 1	Sharon		Siegel	Ca	ase number (if knowi	n)
	First Name	Middle Name	Last Name			
Within 9	90 davs before vou filed	l for bankruptcy.	did any creditor, including a bank or	financial institution, set	off any amounts fr	om vour accounts or refus
nake a p	payment because you o		ala ary oroanor, molaanig a barik or	manoia montanon, cot	on any amounton	om your accounts or rotae
∕ INo						
Yes. F	fill in the details.					
			Describe the action the creditor to	ok	Date action was taken	Amount
reditor's	Name					
lumber	Street					
idiniboi	Circot					
City	State	ZIP Code	Last 4 digits of account number: XXX	X		
	custodian, or another		as any of your property in the posse	ssion of an assignee for	the benefit of cred	ntors, a court-appointed
Yes						
+ F. I	ist Certain Gifts a	ad Cantributio	200			
	2 years before you filed	for bankruptcy,	did you give any gifts with a total val	ue of more than \$600 pe	r person?	
∕ INo						
	Fill in the details for each	-				
Gifts wi	th a total value of more	than \$600 per	Describe the gifts		Dates you gave the gifts	Value
erson to	Whom You Gave the Gif	t				
lumber	Street					
City	Stat	e ZIP Code				
	relationship to you	e Zii Oode				
CISOIIS	relationship to you					
	2 years before you filed	for bankruptcy, o	did you give any gifts or contribution	s with a total value of m	ore than \$600 to an	y charity?
√ No						
_ Yes. F	Fill in the details for each	aift or contribution	n.			
		. girt or corninatio				
		i giit oi continuatio				
		giit or commodic				

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or 1	Sharon		Siegel	Case number (i	
	First Name	Middle	Name Last Name		
Gifts or co total more		arities that	Describe what you contributed	Date you contributed	Value
Charity's Nan	me				
Number \$	Street				
City	State 2	ZIP Code			
rt 6: List	t Certain Losse	es			
. Within 1 ye	ear before you file	d for bankrı	uptcy or since you filed for bankruptcy, did you lose	anything because of theft, fir	e, other disaster, or gambling?
√No	-				
Yes. Fill i	in the details				
	iii tiio dotalio.				
	he property you lo	st and [Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Describe t		lı	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		Value of property lost
Describe t	he property you lo	lı	nclude the amount that insurance has paid. List pending		Value of property lost
Describe t	he property you lo	lı	nclude the amount that insurance has paid. List pending		Value of property lost
Describe t	he property you lo	lı	nclude the amount that insurance has paid. List pending		Value of property lost
Describe to how the lo	he property you lo	lı ir	nclude the amount that insurance has paid. List pending nsurance claims on line 33 of <i>Schedule A/B: Property</i> .		Value of property lost
Describe to how the low the lo	t Certain Paymear before you file	ents or T	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? eparers, or credit counseling agencies for services required.	pay or transfer any property to	o anyone you consulted about
Describe to how the lo	t Certain Paym tear before you file truptcy or preparint torneys, bankruptcy in the details.	ents or T d for bankru g a bankru p petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? sparers, or credit counseling agencies for services required. Description and value of any property transferred.	pay or transfer any property to	o anyone you consulted about Amount of payment
Describe to how the lo	t Certain Paymer before you file truptcy or preparing torneys, bankruptcy in the details.	ents or T d for bankru g a bankru p petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? eparers, or credit counseling agencies for services required.	pay or transfer any property to nired in your bankruptcy. Date payment or transfer was made	anyone you consulted about Amount of payment
Describe to how the lo	t Certain Paym tear before you file truptcy or preparint torneys, bankruptcy in the details.	ents or T d for bankru g a bankru p petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? sparers, or credit counseling agencies for services required. Description and value of any property transferred.	pay or transfer any property to the direct in your bankruptcy. Date payment or	o anyone you consulted about Amount of payment
Describe to how the low the lo	t Certain Paym tear before you file truptcy or preparint torneys, bankruptcy in the details. erts Attorneys at Lav b Was Paid Springs Dr #114 Street	ents or T d for bankrug a bankrug petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? sparers, or credit counseling agencies for services required. Description and value of any property transferred.	pay or transfer any property to nired in your bankruptcy. Date payment or transfer was made	anyone you consulted about Amount of payment
Describe to how the low the lo	t Certain Paym rear before you file truptcy or preparing torneys, bankruptcy in the details. rets Attorneys at Lav b Was Paid Springs Dr #114 Street Spg, FL 32701-7854 State	ents or T d for bankru g a bankru p petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? sparers, or credit counseling agencies for services required. Description and value of any property transferred.	pay or transfer any property to nired in your bankruptcy. Date payment or transfer was made	anyone you consulted about Amount of payment
Describe to how the low the lo	t Certain Paym tear before you file truptcy or preparint torneys, bankruptcy in the details. erts Attorneys at Lav b Was Paid Springs Dr #114 Street	ents or T d for bankrug a bankrug petition pre	nclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers uptcy, did you or anyone else acting on your behalf potcy petition? sparers, or credit counseling agencies for services required. Description and value of any property transferred.	pay or transfer any property to nired in your bankruptcy. Date payment or transfer was made	anyone you consulted about Amount of payment

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	Sharon First Name	Middle Name	Siegel Last Name		Case number (if knowl	n)
deal with yo	our creditors or to ma	d for bankruptcy, did yo ake payments to your c insfer that you listed on li	reditors?	n your behalf pay or tr	ansfer any property to anyoi	ne who promised to help y
√ No						
Yes. F	fill in the details.					
		Description	on and value of any proper	ty transferred	Date payment or transfer was made	Amount of payment
Person W	/ho Was Paid					
Number	Street					
City	State 2	ZIP Code				
nclude both	n outright transfers an	ss or financial affairs? d transfers made as sec that you have already lis		of a security interest or	mortgage on your property).	
✓No	ill in the details.	Descriptio	on and value of property		property or payments receive	
√No	ill in the details.			Describe any p		Date transfer was made
☑No ☐Yes. Fi	fill in the details.	Descriptio				
☑No ☐Yes. Fi		Descriptio				
✓ No ☐ Yes. Fi	Tho Received Transfer Street	Descriptic				
✓ No Yes. Fi Person Wi Number City	Tho Received Transfer Street	Descriptic transferre ZIP Code				
Person Will Number City Person's r D. Within 1 ten called	The Received Transfer Street State relationship to you	Description transferre ZIP Code iled for bankruptcy, did	d	or debts paid i		made
Person Will Number City Person's r A. Within 1 ten called	Street State relationship to you — 10 years before you f asset-protection devia	ZIP Code illed for bankruptcy, did ices.)	d	to a self-settled trust of	n exchange	made

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otor 1	Sharon		Siegel		Case number (if known)	
	First Name	Middle Name	Last Name			
rt 8: Lis	t Certain Financ	ial Accounts, Instr	uments, Safe Depos	sit Boxes, and Storag	e Units	
nsferred? ude check	king, savings, money	market, or other financia		-	ame, or for your benefit, clos	
	, associations, and ot	her financial institutions.				
√No						
Yes. Fill	I in the details.					
		Last 4 digi	ts of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing of transfer
ame of Fin	nancial Institution	XXXX		Checking		
umber	Street			☐ Savings ☐ Money market		
				Brokerage		
City	State ZI	P Code		Other		
☐Yes. Fill	l in the details.	Who else	had access to it?	Describe the co	ontents	Do you still have it?
Name of Fin	nancial Institution	Name				□ No □ Yes
lumber	Street	Number	Street			
		City	State ZIP Cod	de		
City	State ZI	P Code				
Have you	ı stored property in a	storage unit or place o	ther than your home with	hin 1 year before you filed	for bankruptcy?	
Z No			•			
Yes. Fill	I in the details.					
		Who else	has or had access to it?	Describe the co	ontents	Do you still have it?
lame of Sto	orage Facility	Name				□ No □ Yes
umber	Street	Number	Street			
			State 7ID 0-	do.		
•	O4:	City	State ZIP Cod	ue		
City	State ZI	P Code				

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Street City State ZIP Code City City City State ZiP Code City City City City City City City City	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value	Where is the property? Describe the property Value Number Street City State ZIP Code Cit	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value Describe the property Describe the property Value Describe the property Value Describe the property Describe the property Value Describe the property Describ
Where is the property? Number Street	Where is the property? Number Street Stre	Where is the property? Number Street Stre	Where is the property? Number Street Stre	Where is the property? Number Street Stre	Where is the property? Number Street	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Number Street	Where is the property? Number Street Stre	Where is the property? Number Street	Where is the property? Describe the property Value	Where is the property? Describe the property Value	Where is the property? Number Street				
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Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	City State ZIP Code City Stat	City State ZIP Code City Stat	City State ZIP Code City Stat	City State ZIP Code City Stat	City State ZIP Code City Stat	Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	Number Street City State ZIP Code City State ZiP	City State ZIP Code City Stat	City State ZIP Code City Stat	Number Street City State ZIP Code City State ZiP	City State ZIP Code City Stat	Number Street City State ZIP Code City State ZiP	Street City State ZIP Code C	City State ZIP Code City Stat	Number Street City State ZIP Code City State ZiP	City State ZIP Code City Stat
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City State ZIP Code Contamination, releases of hazardous or toxic substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations controlling the cleanup of these substances, waster or equiations, contamination, releases of hazardous or toxic substances, waster or equiations, contamination, releases of hazardous or toxic substances, waster or equiations, contamination, releases of hazardous or toxic substances, waster or equiations, contamination, release	City State ZIP Code Total City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wast or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice	City State ZIP Code Total City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wast or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice	City State ZIP Code Total City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wast or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice	City State ZIP Code Total City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wast or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Code Code Code City State ZiP Code Cod	City State ZIP Code Code Code Code City State ZiP Code Cod	City State ZIP Code Code Code Code City State ZiP Code Cod	City State ZIP Code City Stat	City State ZIP Code City Stat	City State ZIP Code Contamination, releases of hazardous or toxic substance, toxic substance, or utilize including disposal sites. City State ZiP Code Code City State ZiP Code Co	City State ZIP Code Contamination, releases of hazardous or toxic substances, waster, waster, contamination, releases of hazardous or toxic substances, waster, contamination, contamination, releases of hazardous or toxic substances, waster, contamination, releases of hazardous or toxic substance	City State ZIP Code Total City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wast or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material places, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites. 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✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	☑ No ☑ Yes. Fill in the details.	☑ No ☑ Yes. Fill in the details.	☑ No ☑ Yes. Fill in the details.	√ No	√ No		✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	√ No		a, gereenar anni nosmou you anar you may ao music or potentiany nusic ander or in Holation of an entrinonial law i
✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice ☐ Governmental unit ☐ Governmental unit ☐ Date of notice ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	☑No ☑Yes. Fill in the details.	☑No ☑Yes. Fill in the details.	☑No ☑Yes. Fill in the details.	√ No	√ No		✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	√ No		mas any governmental unit notined you mat you may be hable or potentially liable under or in violation of an environmental law?
✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	☑ No ☑ Yes. Fill in the details.	☑ No ☑ Yes. Fill in the details.	☑ No ☑ Yes. Fill in the details.	√ No	√ No		✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit	✓ No ☐ Yes. Fill in the details. ☐ Governmental unit ☐ Environmental law, if you know it ☐ Date of notice	√ No		
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Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Governmental unit	Governmental unit Environmental law, if you know it Date of notice Governmental unit	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice				Yes. Fill in the details.	IYes. Fill in the details.		Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Governmental unit	Governmental unit Environmental law, if you know it Date of notice	Yes. Fill in the details.		
Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Overnmental unit	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Governmental unit	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice				Yes. Fill in the details.	Yes. Fill in the details.		Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice	Yes. Fill in the details.		☑ No
Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Overnmental unit	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Sovernmental unit	Governmental unit Environmental law, if you know it Date of notice Governmental unit	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice					L TOJ. I III III UIG GOGIIJA.	Ves Fill in the details	Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice Overnmental unit	Governmental unit Environmental law, if you know it Date of notice	es. Entre uno doctario.	Ves Fill in the details	
	Name of site Governmental unit						Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice	Covernmental unit			☐ Yes. Fill in the details.		Name of site Governmental unit			☐ Yes. Fill in the details.				
Name of site Governmental unit					Name of site Governmental unit			Governmental unit Environmental law, if you know it Date of notice	Governmental unit Environmental law, if you know it Date of notice			Name of site Governmental unit		Name of site Governmental unit	Governmental unit Environmental law, if you know it Date of notice		☐ Yes. Fill in the details.				
	Number Street Number Street						Name of site Governmental unit							Number Street Number Street		Name at all a		Governmental unit Environmental law, if you know it Date of notice			

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otor 1	Sharon		s	iegel		Case number (if known) _	
	First Name	Middle	Name L	ast Name			
			Governmental u	ınit	Environmental	law, if you know it	Date of notice
Name of site			Governmental unit				
Number S	Street		Number Street				
			City	State ZIP Code			
City	State	ZIP Code					
_	been a party in a	ny judicial or	administrative pro	ceeding under any er	nvironmental law	? Include settlements and orders	
✓ No	n the details.						
Yes. Fill I	n the details.		0		Natura of the con-		01-1
			Court or agency	•	Nature of the c	ase	Status of the case
Case title							☐Pending
-			Court Name	_			On appeal
							Concluded
			Number Street				
Case number	r		City	State ZIP Code			
7. Within 4 ye	ears before you oble proprietor or seember of a limite artner in a partne	filed for bankr elf-employed i d liability comp rship	ruptcy, did you ow	on, or other activity, eith	any of the following	ng connections to any business?	,
☐ An o	owner of at least	5% of the votin	ng or equity securiti	es of a corporation			
_	e of the above app						
			the details below f	or each business.			
	,			ature of the business		Employer Identification number Do not include Social Security	
Name						EIN:	
Number 5	Street						
			Name of accou	intant or bookkeeper		Dates business existed	
						FromTo	

		Case 6:19-	-bk-06605-KJ	Doc 1	Filed 10/09/19	Page 58 of 69
otor 1	Sharon		Siegel			Case number (if known)
	First Name	Middle Na		ame		, ,
other pa ✓ No			tcy, did you give a fii	nancial staten	nent to anyone about you	r business? Include all financial institutions, credito
			Date issued			
Name		М	M / DD / YYYY			
Number	Street					
City	State	ZIP Code				
rrect. I ui	nderstand that ma n fines up to \$250,	king a false stater	ment, concealing pr	operty, or obtars, or both. 18		
^ Sign:	/s/ s ature of Sharon Sie			Signature		
_	10/09/2019			ŭ		
√No	ach additional paç	ges to your <i>Staten</i>	nent of Financial Af	fairs for Indivi	duals Filing for Bankrupt	cy (Official Form 107)?
Yes						
	y or agree to pay s	someone who is n	ot an attorney to hel	p you fill out b	pankruptcy forms?	
√ No						the Bankruptcy Petition Preparer's Notice,
☐Yes. N	lame of person				Declai	ration, and Signature (Official Form 119).

Fill in this information	to identify your case:			
Debtor 1	Sharon		Siegel	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:		Middle District of Florida	
Case number (if known)				

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

art 1: List You	ur Creditors Who Have Secured Clai	ms		
For any creditor	s that you listed in Part 1 of Schedule D: Cre	ditors Who Have Claims Secured by Property (Official	Form 106D), fill in the information below.	
Identify the cree	ditor and the property that is collateral	What do you intend to do with the property that debt?	t secures a Did you claim the property as exempt on Schedule C?	
Creditor's name:	Mr. Cooper	Surrender the property.Retain the property and redeem it.	☑ No ☐ Yes	
Description of property securing debt:	07212952000001660 2812 Lancaster Court Apopka, FL 32703	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	_ 1.50	

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or 1	Sharon		Siegel	Case number (if known)
	First Name	Middle Name	Last Name	
2: List Y	our Unexpired	l Personal Property	Leases	
				ts and Unexpired Leases (Official Form 106G), fill in the informatio
. Do not list	real estate leases		eases that are still in effect; the leas	se period has not yet ended. You may assume an unexpired person
escribe your	r unexpired perso	nal property leases		Will the lease be assumed?
ssor's name:				☐ No
scription of I	leased			☐ Yes
perty:	louoou			
ssor's name:				☐ No
comination of l	laaaad			☐ Yes
scription of I perty:	leaseu			
ssor's name:				☐ No
				☐ Yes
escription of I operty:	leased			
ssor's name:				□ No
				☐ Yes
escription of I operty:	leased			
ssor's name:				□ No
escription of I	leased			☐ Yes
operty:	louoou			
ssor's name:				☐ No
escription of I	leased			☐ Yes
perty:	lousou			
ssor's name:				☐ No
escription of I	loasod			☐ Yes
operty:	leaseu			

B2030 (Form 2030)(12/15)

United States Bankruptcy Court Middle District of Florida

In I	re					
Sie	gel, Sharon			Case No		
De	btor(s)			Chapter	7	_
		DISCL	OSURE OF COMPENSATION OF ATTORNEY F	OR DEBTO	R	
1.	compensation	paid to me within	and Fed. Bankr. P. 2016(b), I certify that I am the atto one year before the filing of the petition in bankrupt thalf of the debtor(s) in contemplation of or in connect	cy, or agree	d to be paid to	o me, for services
	For legal	services, I have a	agreed to accept		31,665.00	
	Prior to the	he filing of this sta	atement I have received		31,665.00	
	Balance	Due			\$0.00	
2.	The source of to	•	to be paid to me was: Other (specify)			
3.	The source of	compensation to b or	e paid to me is: ① Other (specify)			
4.	☑ I have not of my law firm	agreed to share th	e above-disclosed compensation with any other pers	on unless th	ey are membe	ers and associates
			pove-disclosed compensation with another person or eement, together with a list of the names of the peop			
5.	In return for the	e above-disclosed	fee, I have agreed to render legal service for all aspe	ects of the ba	ankruptcy case	e, including:
		of the debtor's fir	nancial situation, and rendering advice to the debtor			_
	b. Preparatio	n and filing of any	petition, schedules, statements of affairs and plan wl	nich may be	required;	
	c. Represent	ation of the debtor	at the meeting of creditors and confirmation hearing,	and any adjo	ourned hearing	gs thereof;
6.	By agreement	with the debtor(s),	the above-disclosed fee does not include the following	g services:		
	, 0	().		·		
	Γ		CERTIFICATION			7
		Loortify that th		nt or orronge	mont for	
			ne foregoing is a complete statement of any agreeme or representation of the debtor(s) in this bankruptcy pro-		ement for	
		10/09/2019	/s/ Lewis Roberts			
		Date	Signature of Attorney			
				Lev Bar Numbe	vis Roberts	
			Lewis Ro	bar Numbe berts Attorn		
				1 Palm Sprin	•	

Lewis Roberts Attorneys at Law Name of law firm

Altamonte Spg, FL 32701-7854 Phone: (407) 749-0080

Fill	in this information to	o identify your case:					19	Check one box 122A-1Supp:	orily as directed in this f	orm and in Form
De	ebtor 1	Sharon		Siegel				•		
		First Name	Middle Name	Last Name				⊻ 1. There is r	no presumption of abuse).
	ebtor 2								ulation to determine if a p	
(S	Spouse, if filing)	First Name	Middle Name	Last Name					es will be made under <i>C</i> ation (Official Form 122	
Uı	nited States Bankrup	otcy Court for the:		Middle District o	f Florida				,	,
	ase number known)								ns Test does not apply n litary service but it could	
~ (··· · · -	1001					_	Check if thi	s is an amended filing	
<u>Ot</u>	ficial Form	122A-1								
Cł	napter 7 S	Statemen	t of Your	Current	Month	nly Inc	on	ne		10/19
sepa num milit	arate sheet to this for hber (if known). If yo ary service, comple	orm. Include the line ou believe that you a	e number to which are exempted from nt of Exemption fro	the additional infa a presumption of	formation ap	plies. On the ause you do	top o	of any additiona ave primarily co	curate. If more space is il pages, write your nar onsumer debts or beca 2A-1Supp) with this fo	ne and case use of qualifying
		ital and filing status								
		ill out Column A, line								
	☐ Married and yo	our spouse is filing w	vith you. Fill out both	h Columns A and	B, lines 2-11.					
	☐ Married and yo	our spouse is NOT fi	ling with you. You a	and your spouse	are:					
	\square Living in th	ne same household	and are not legally	separated. Fill o	ut both Colun	nn A and B, li	nes 2	-11.		
	penalty of		your spouse are lega	ally separated und	er nonbankru	ptcy law that	applie	s or that you and	ox, you declare under d your spouse are living	
Fi	ill in the average mo	onthly income that v	ou received from a	all sources, deriv	ed during the	e 6 full montl	hs bet	fore vou file this	s bankruptcy case.11 L	.S.C. §
10 6	01(10A). For example months, add the inco	e, if you are filing on \$	September 15, the 6 and divide the total b	6-month period wo by 6. Fill in the resu	uld be March ılt. Do not incl	1 through Au ude any incor	igust 3 me an	31. If the amount nount more than	of your monthly income once. For example, if bo	varied during the
							Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).									
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$0.00									
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.									
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	fore all deductions)		\$0.00						
	Ordinary and neces	ssary operating expe	nses	\$0.00						
	Net monthly incom-	e from a business, pr	rofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from I	rental and other rea	l property	Debtor 1	Debtor 2					•
		fore all deductions)		\$0.00	Denior 2					
		ssary operating expe	nses	\$0.00						
	Signally and neces	soary operating expen				Сору				
	Net monthly incom	e from rental or other	r real property	\$0.00		here →		\$0.00		
7.	Interest, dividends	s, and royalties						\$0.00		

Case 6:19-bk-06605-Killed Doc 1 Filed 10/09/19 Page 63 of 69 Sharon First Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under For you..... \$1,992.00 For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a benefit \$2,358.04 under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$2.358.04 \$2,358.04 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: \$2,358.04 12a. Copy your total current monthly income from line 11..... Copy line 11 here → Multiply by 12 (the number of months in a year). $\mathbf{X}12$ 12b. The result is your annual income for this part of the form. \$28,296,48 13. Calculate the median family income that applies to you. Follow these steps: Florida Fill in the state in which you live. Fill in the number of people in your household. \$49,172.00 Fill in the median family income for your state and size of household...... To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 2

MM/DD/YYYY

Chapter 7 Statement of Your Current Monthly Income

Date

If you checked line 14a, do NOT fill out or file Form 122A-2.

10/09/2019

MM/DD/YYYY

X /s/ Sharon Siegel Signature of Debtor 1

Official Form 122A-1

Date

page 2

If you checked line 14b, fill out Form 122A–2 and file it with this form.

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IN THE UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

IN RE: Siegel, Sharon		CASE NO
		CHAPTER 7
		VERIFICATION OF CREDITOR MATRIX
The above named Debtor	hereby verifies that the a	ttached list of creditors is true and correct to the best of his/her knowledge.
Date10/09/2019	Signature	/s/ Sharon Siegel
		Sharon Siegel, Debtor

American Honda Finance 1235 Old Alpharetta Rd Alpharetta, GA 30005

Amex PO Box 297879 Fort Lauderdale, FL 33329

Bank of America PO Box 982238 El Paso, TX 79998

Best Buy/CBNA Citibank Corp/Centralized Bankruptcy PO Box 790034 St Louis, MO 63179-0034

Capital One 15000 Capital One Dr Richmond, VA 23238

Catherines/Comenity Po Box 182789 Columbus, OH 43218

Chase Card Services Po Box 15298 Wilmington, DE 19850

Citi/Sears Po Box 6283 Sioux Falls, SD 57117 Citibank Po Box 6241

Sioux Falls, SD 57117

Citibank/The Home Depot Po Box 6497

Sioux Falls, SD 57117

Cntrl Fl Edu 1200 Weber St

Orlando, FL 32803

Comenity Bank/Bealls Florida

Po Box 182685 Columbus, OH 43218

Comenitybank/Onestop

Po Box 182789 Columbus, OH 43218

Discover Financial

PO Box 71084

Charlotte, NC 28272-1084

First National Bank

Po Box 3412

Omaha, NE 68103

Kohls/Capital One

N56 W 17000 Ridgewood Dr

Menomonee Falls, WI 53051

Marcus by Goldman Sachs Po Box 45400 Salt Lake City, UT 84145

Mr. Cooper 8950 Cypress Waters Blvd Coppell, TX 75019

NeInet Loans 6420 Southpoint Pkwy Jacksonville, FL 32216

Synchrony Bank Po Box 965005 Orlando, FL 32896

Synchrony Bank/ JC Penneys PO Box 965064 Orlando, FL 32896

Synchrony Bank/Gap Po Box 965005 Orlando, FL 32896

Synchrony Bank/HH Gregg C/o Po Box 965036 Orlando, FL 32896

Synchrony Bank/QVC Po Box 965005 Orlando, FL 32896

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Synchrony Bank/Sams Po Box 965005 Orlando, FL 32896

US Bank/RMS CC Po Box 108 Saint Louis, MO 63166